



# Summer Research Fellowship Application

**Application Deadline: March 1, 2004**

Fill Out This Form to Apply for our Summer Research Fellowship Program.

Please note that a COMPLETE application consists of this form, an official transcript from your undergraduate institution, and two letters of reference.

## I. Background

Name: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Contact information when at *school*:  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact information when at *home*:  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Source and year of high school degree: \_\_\_\_\_

Colleges attended: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_ Present status (Fr/So/Jr/Sr): \_\_\_\_\_

Cumulative grade point average: \_\_\_\_\_ Science GPA: \_\_\_\_\_

Summer housing plans (Check one):  
Live in dorms \_\_\_\_\_  
Live in local apartment \_\_\_\_\_  
Will not require local housing \_\_\_\_\_

OPTIONAL: Please pick a category which describes your ethnic/racial status (Check one).  
Native American \_\_\_\_\_ Hispanic \_\_\_\_\_  
Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_  
Black, not of Hispanic origin \_\_\_\_\_ Caucasian, not of Hispanic origin \_\_\_\_\_

## II. Exposition

*This section will be important part of the selection process.*

Discuss your plans for future professional or graduate education and eventual career.

How will the summer research experience contribute to your career goals?

List your first three choices among the various research areas (specify order of preference).

Please send *all* materials (application, transcript, two letters of reference) to:

**Summer Research Fellowship Program  
Department of Biochemistry and Molecular Biology  
University of Arkansas for Medical Sciences  
4301 W. Markham St, Slot 516  
Little Rock, AR 72205**

You should receive a confirmation by mail and/or email that your application has been received by our department. Otherwise, please contact Dr. Grover Paul Miller by phone or email.

Office: [501-526-6486](tel:501-526-6486)

Email: [MillerGroverP@uams.edu](mailto:MillerGroverP@uams.edu)