National Institutes of Health (NIH)

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
Charles R. Drew University of Medicine and Science (Drew)
National High School Students Summer Research Apprentice Program
Application 2006

Sponsored by:









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Program Application:

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National Institute of Diabetes and Digestive and Kidney Diseases
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Program Administration: Drew University of Medicine and Science **Funded by:** National Institutes of Health/ National Institute of Diabetes and Digestive and Kidney Diseases

Release date: December 1st, 2005

NIH/NIDDK/Drew NHSSSRAP is now accepting applications for the Summer of 2006. The admissions committee looks for highly motivated students who have a passion for learning and expressing interest in the Biomedical Sciences. Program size is limited, so students are encouraged to apply early. Late applications are considered on a space-available basis and only after all other applications have been reviewed. Those returning students need to reapply for the program. Mailed applications are only considered. To ensure timely review and notification, applicants should submit the items listed in one whole packet.

For any questions or concerns:

Charles R. Drew University of Medicine and Science 11705 Deputy Yamamoto Place – Suite B Lynwood, CA 90262 C/O Emma Taylor Phone: 800.300.2847

Local: 323.249.5704 E-mail: emtaylor@cdrewu.edu

Application deadline: March 1st, 2006 (postmarked deadline)

Qualifications/Requirements

- 1. A student must have a "B" or better grade point average
- 2. Students be in the tenth through twelfth grade at time of application due date
- 3. Completion of Application Form and Application Essay
- 4. Signed Parental Consent Form

Program Summary

In 1995, the National Institutes of Health (NIH) initiated the National High School Student Summer Research Apprentice Program. The purpose of the program is to increase the number of ethnic minorities who are involved in bio-medical research. Currently, there is a critical shortage of minorities (Hispanic/Latino, African Americans, Native Americans, Asian Pacific Islanders, and Alaskan Native Population) in this field. As a result, critical insights and perspectives are lacking in the development, implementation, and evaluation of a growing and important field; Biomedical research. The NHSSSRAP is a collaboration between NIH and CDU. While NIH provides funding and program oversight, the day-to-day coordination of the program is handled by CDU. The program is designed to provide the students with an opportunity to work at a biomedical facility (usually a college or university) **near their homes**. Each student is paired with a seasoned researcher and assigned to a research team. **Students will work with staff on a specific bio-medical research project. The 8-week program provides the students with real experiences including opportunities to:**

- "learn" what bio-medical research is by being actively involved in a project,
- ➤ be a member of a "team"; to understand "collective" responsibility,
- ➤ visit Washington, D.C. and participate in a "project competition" at NIH office in August 2006.

Many students find the trip to D.C. and the project competition to be the highlight of their summer. Parents are invited and often attend the presentations to support and applaud their child's work; hours of preparation and rehearsal time that have been invested in these presentations - often with the assistance and encouragement of their project mentors.

Scope of Support:

- The students will receive a stipend of \$1,800.00.
- The payment will be administered in three payments:
 - 1. First payment ... after acceptance into the program and collaborating with a mentor
 - 2. Second payment ... after 5th week in the program
 - 3. Last payment ... upon completion of program to be received in Washington, D.C.

How to apply:

Completely fill out application with the paperwork required in the check off list and mail it to the address below in one whole packet by March 1st, 2006.

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Part A: Mandatory Information (Completely fill out and type or print neatly: use black ink.)

	Firs	.4	Middle Initial
Last	FIIS	SL .	Middle illitial
Date of Birth:	Se	ex:	
Address:			
Telephone Number:	E-mail:		
Age:	Current Grade: So	ocial Security #	<i>‡</i> :
Part B: Educational	Background		
School presently attend	ding:		
Type of school	Name/Location	Grade	Area of Study
		<u>.</u>	

Part C: Employment Information Work Experience: Related Research

Place of Employment	Dates Employed	Title/Position

Part D: Extra Curricular Activities

Please list and briefly describe areas of participation in the past years in High School.

Extra Curricular Activities		Description	
	American Indian or Alaskan Nati	ries, which most closely reflect your racial/ethnic origin. ve (specify:)	
0	Asian (specify:)		
0	\ 1		
0	,		
0	Latino (specify:)		
0			
0	Other (optional) Please specify:		
0	Check here if you do not wish to	provide information.	
I herek knowl	•	on on this application is correct to the best of my	
Signat	cure	 Date	

Part F: Short Essay Questions: Use the space provided only.		
1. What are your hobbies or main interests outside of school?		
2. To which other summer programs are you applying?		
3. What are your long-range education and career objectives?		
4. Describe any independent scientific studies or projects that you have undertaken.		

Part G: Essay Question: (Please type and use the space below and limit your essay to no more than 250 words.) **Question:** What are your expectations of the National High School Student Summer Research Apprentice Program and what do you hope to benefit from your participation in the program?

NIH/NIDDK-Charles R. Drew University of Medicine and Science Parental Consent Form

This is to certify that	has parental consent to					
participate in the National Institutes of Health-Charles R. Drew University's National High School Student Summer Research Program. I understand that in the event of his/her						
						illness during working hours, I will be notified immediately or the alternate person named
	d. I also understand that I will be responsible					
for all medical liability in the event of injury						
In addition, I understand that upon completi	ion of the program, my child will be expected					
to participate in a project presentation at the	National Institutes of Health and provided					
<u>*</u>	oundtrip). The travel funds are only available					
for students and do not include parent/guard	lian's travel fare. The date for presentations					
are scheduled mid August 2005.						
Signature of Student/ Applicant	Date					
Signature of Parent/Guardian (if child is under 1	18 years of age) Date					
Address:						
City, State:	Zip Code:					
•	-					
Home Phone: W	Vork Phone:					
E-mail address (if applicable):						
Name of Alternate:						
Home Phone:	Vork Phone:					

* IMPORTANT:

This form must be signed and notarized if youth is under 18 years of age. Youth cannot be permitted to work if this form is not notarized.

Application Check-off List

- * The following items should be submitted in one application packet:
 - o Completed application form
 - Official academic transcript submitted in an envelope sealed by the appropriate school official
 - Essay statement (limit essay to 250 words typed)
 - o Signed parental consent form
- * Failure to include any of the items listed above will result in automatic rejection into the program.

Note: Certain applications need to be mailed to particular places.

If applications are not mailed to these areas, your application will not be reviewed. If you're applying from the following areas, please mail your applications to:

Alaska:

Alaska applicants fill out a different application. Contact the following for a copy:
Ian van Tets, Ph.D.
WWAMI Biomedical Program
3211 Providence Dr.
Anchorage, AK 99508
907.786.4789

Hawaii:

George Hui, Ph.D.
Department of Tropical Medicine
University of Hawaii School of Medicine
65 Ilalo St.
Honolulu, HI 96813

Florida:

Ishmael Sharpe, MBA Medical Examiner Department University of Miami Number One on Bob Hope Road Miami, FL 33136

Puerto Rico:

Jose Torres-Ruiz, Ph.D. Ponce School of Medicine Dr. Ana Perez St. Ponce, Puerto Rico 00732

All other students applying from areas not listed above, please mail application to:

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