The NIH High School Student Research Programs offer positions in productive basic and clinical research laboratories at the University of Arizona College of Medicine (Arizona Health Sciences Center). Students who are financially, educationally, and/or socially disadvantaged are paid the minimum federal hourly wage for 40 hours a week for the duration of the program. As in previous years, 20-25 high school students will be incorporated into the Medical Student Research Fellowship Summer Program, thereby stimulating interactions with “big brother” and “big sister” medical students and also with medical faculty mentors and Visiting Professors conducting bi-weekly research seminars throughout the summer. Our hope and expectation is to attract the best and brightest disadvantaged students to the University of Arizona as undergraduates where some will continue their research and ultimately enter the College of Medicine and other professional and graduate programs.

The Review Committee will consider high school students (particularly juniors) with 3.0 (B) or better cumulative GPAs, two outstanding letters of recommendation from their science teachers, guidance counselors, and/or principals, and additional evidence of research experience or inventiveness, such as science fair exhibits. We will not accept unsigned letters of recommendation. A one-to-two-page essay on “Why I love science and what the summer medical research apprenticeship will mean to me” should be attached to the enclosed application form. In addition, students will need to provide summary information justifying their financially, educationally, and/or socially disadvantaged status.

Applicants must be U.S. citizens or have a permanent Visa AND have a Social Security Card.

The application deadline is Friday, January 22, 2021. Our Review Committee will screen applications and will invite semi-finalists for interviews on Saturday, February 20, 2021 (Tucson campus). Students will be notified of interview results within 3 weeks.

At the conclusion of the summer, all participants will deliver a brief oral presentation about their research in a special seminar and will submit a three-to-four page summary report of their progress.

The 2021 summer program begins Monday, June 7, 2021, and ends Friday, July 23, 2021. Students are expected to work full-time (Mon.-Fri., 40 hrs. a week) for the entire period. No attendance exceptions will be made, and a fellowship will be terminated automatically if days are missed for reasons other than unexpected illness or death of a family member.

**Program Director:**
Marlys H. Witte, MD, Professor of Surgery

**Collaborating Directors:**
Frank Porreca, PhD Professor, Pharmacology 
Fayez K. Ghishan, MD Professor & Department Head, Pediatrics

**Curriculum Coordinator:**
Debbie Mustacich, PhD

**Program Manager:**
Grace S. Wagner

**Videographer:** Juan Ruiz

**Mentors:** AHSC
APPLICATION FORM

NIH NINDS R25NS076437
High School Student NeuroResearch Program (HSNRP)

NIH NICHD R25HD080811
Summers in Children’s Research for Diverse High School Students

High School Student Research Program

TYPE OR PRINT LEGIBLY IN BLACK INK (Please complete ALL blanks).

Name _________________________________ Date of Birth________ Check one: ☐ Male ☐ Female

Mailing Address __________________________________________________________________________

City ____________________________  County _____________  State ___________  Zip Code ___________

Home Phone ________________________________   Cell Phone ________________________________

E-mail (please print) ____________________________   Social Security Number _____________________

School ________________________________  District ___________________________________

Graduation Year ________________________  GPA (Cumulative) _________________________

Ethnic Status:

☐ Alaskan Native
☐ Amer. Indian (tribal affiliation) ______________________
☐ Asian
☐ Black, not of Hispanic origin
☐ Hispanic
☐ Pacific Islander
☐ White, not of Hispanic origin
☐ Other (explain) ___________________________________

Citizenship Status:

What country are you a citizen of? _________________

☐ U.S. Citizen or Non-citizen National
OR
☐ Permanent Resident of U.S.
OR
☐ Non-U.S. Citizen

Career Goals (one additional page may be attached):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Previous research ideas, science exhibits, or other special talents (one additional page may be attached):

______________________________________________________________

______________________________________________________________

______________________________________________________________
Checklist of Required Information
to Complete Application:

- Completed application form (application page 1)
- Your personal statement of disadvantaged status (application page 3)
- A one-to-two page student essay (typed double-spaced or legibly written in black ink) on the following inclusive topic: “Why I love science and what a summer medical research apprenticeship will mean to me.”

Two letters of recommendation from high school science teachers, guidance counselor, and/or principal (one letter MUST be from science teacher) **UNSIGNED LETTERS OF RECOMMENDATION WILL NOT BE ACCEPTED**

- An official copy of your high school transcript (must be signed and validated with school "seal")
- Applicant release form (application page 4)
- Supporting documentation of your disadvantaged status, if available

*Note: Incomplete application packets will not be evaluated by Review Committee.*

**ORIGINALS MUST BE MAILED (POSTMARKED) NO LATER THAN FRIDAY, JANUARY 22, 2021**

**SCANNED/XEROXED/E-MAILED APPLICATIONS NOT ACCEPTABLE**

**APPLICATION DEADLINE: FRIDAY, JANUARY 22, 2021**

All application materials should be mailed to:
Grace S. Wagner, Program Manager
Student Research Programs, University of Arizona College of Medicine, Room 4402K
Department of Surgery, P.O. Box 245200, Tucson, AZ 85724-5200

Phone: (520) 626-6360  E-mail: grace@surgery.arizona.edu  Web: www.ignorance.medicine.arizona.edu
Are you disabled? __No__ Yes (If yes, please explain__________________________)

**Personal Statement of Disadvantaged Status**
(Required of ALL applicants)

Please provide a personal statement describing why you believe you are at a disadvantage in comparison with your peers, and check all boxes that describe your disadvantaged status.

- Financially *(for example, free or reduced lunch, low income, single-parent household, etc.)*
  Number of dependents supported by parents/guardians: ______

- Educationally *(for example, rural community, limited availability of resources, etc.)*

- Socially *(for example, first generation to go to college, English as a second language, etc.)*
  Highest level of education attained by parents/guardians: ______
  Parent(s) occupation(s): ______________________________________________________

TYPE or PRINT LEGIBLY in BLACK INK.
One additional double-spaced page may be added.
*(If available, please also submit supporting documentation of your disadvantaged status.)*

__________________________________________________________________________
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APPLICANT RELEASE FORM

I understand that the University of Arizona College of Medicine Student Research Program DOES NOT provide transportation to and from the University of Arizona for program participants. Limited housing is available for out of town students. I also understand that if my son/daughter is selected as a participant in this program, I will be held totally responsible for his/her actions and physical well-being outside of normal work hours for the duration of this apprenticeship program.

________________________________________  ________________
Signature of Parent and/or Guardian         Date

Out of Town Students ONLY (please check one)

☐ Local Housing is required     ☐ Local Housing is NOT REQUIRED

If local housing is NOT required, please provide the Tucson address and phone number where the student will reside.

____________________________________________
Tucson Address:

____________________________________________
Phone Number:

TYPE OR PRINT LEGIBLY IN BLACK INK