## NIH National Institute on Aging R25 Summer program application

## PLEASE NOTE:

A complete application package must include: 1) a completed application 2) Resume 3) Statement of Interest 4) 1-2 Letter(s) of Recommendation 5) Unofficial transcript. All completed applications should be returned to Nishika Edwards, Ed.D.by email nishika@greenvillemed.sc.edu

For more information, link to the program website is provided below: https://www.sc.edu/study/colleges_schools/medicine_greenville/research/studentresearch/nih_r 25/index.php

## Student Information:

| First Name: |  |
| :--- | :--- |
| Last Name: |  |
| Address: |  |
| City/State/Zip: |  |
| Phone: |  |
| Email: |  |
| Emergency <br> Contact: |  |


| Education: |  |  |
| :--- | :--- | :--- |
| School Name: |  |  |
| School Address: |  |  |
| Major/Minor: |  |  |
| Cumulative GPA: |  |  |
| Current Student <br> Classification | $\square$ Sophomore | $\square$ Junior |
| (for the 2023- |  |  |
| 2024 school |  |  |
| year): |  |  |

Demographics (include all that apply):

| Gender: | $\square$ Male $\square$ Female $\quad \square$ Non-binary $\quad \square$ Transgender $\square$ Prefer not to say |
| :--- | :--- | :--- |
| Race/Ethnic | $\square$ American India or Alaska Native $\quad \square$ Asian |
| Group | $\square$ Black or African American $\square$ Native Hawaiian or Other Pacific Islander |
| $\square$ Hispanic or Latino $\square$ White $\square$ More than one race |  |
|  | $\square$ Unknown or not reported |

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|  |  |
| :--- | :--- |
| Background: | $\square$ Socioeconomically Disadvantaged* $\square$ Underserved Community * |
| Please specify: | *Were you ever: homeless, in foster care, eligible for the Federal Free and <br> Reduced Lunch Program for 2 or more years, no parent or legal guardian <br> who completed bachelor's degree, eligible for Federal Pell grant, received <br> Special Supplemental Nutrition Program for Women Infants and Children <br> (WIC), grew up in rural area. |

Additional information: (These references must be from your university)

| Reference 1: | First and Last Name: |  |
| :--- | :--- | :--- |
|  | Email Address: |  |
|  |  | Phone Number: |
| Reference 2: | First and Last Name: |  |
|  | Email Address: |  |
|  | Phone Number: |  |

Brief Statement of Interest
(Within the given space below; 800-word max., 12 pt. font, Times New Roman, 1.5 lines spacing.) In the brief statement, please include the following:

- Briefly tell about yourself.
- Your research interests and academic goals.
- Why are you interested in the NIH R25 program?
- What would be your contribution to the NIH R25 program?

