**Medical Student Training in Aging Research (MSTAR) Program**

**2021**

**UC San Diego**

**National Training Center Application**

**Instructions**

**DO NOT INCLUDE this instruction sheet with your application!**

Please carefully read the application guidelines on the American Federation for Aging Research (AFAR) website <http://www.afar.org/research/funding/mstar/> before completing this application. You must submit your application directly to the National Training Center(s) (NTC) of your choice. Please carefully review the information posted on the website(s) of the National Training Center(s) in which you are interested. There may be additional instructions. You must contact the program director of the training center of your first choice to discuss your intent to apply.

The application and supporting materials are divided into three segments, see below

|  |  |  |
| --- | --- | --- |
| **Person** | **Materials** | **Method of Submission** |
| *Applicant* | 1. Application Form
 | Applicant emails a single PDF containing all three segments to the National Training Center of their choice. |
| *Home Institution Faculty Sponsor(s)*  | 1. Faculty Form (home institution faculty sponsor form)
2. NIH-style biosketch
 |

The application must be submitted by email to the National Training Center of your choice no later **than January 24, 2020, at 5:00 p.m., EST. The application should be sent as a single PDF file, not to exceed 5 MB, and must be complete (application form, home institution faculty sponsor form and faculty NIH-style biosketch). Incomplete applications will not be reviewed.** The file may **not** include any additional documents; please submit **only** the required materials. Late submissions or submissions that do not adhere to the instructions will NOT be accepted.

The application file should be named as follows: “Last name, First name”; for example “Smith, John.doc”.

**Medical Student Training in Aging Research (MSTAR) Program**

**2021 National Training Center Application Form**

|  |  |
| --- | --- |
| Name of applicant:Preferred first name (optional):Applicant’s home institution:       | Gender:  Date of birth (MM-DD-YY):MD expected in (enter year):Race/ethnicity (optional): |
| Current Address, Telephone, and Email Address of Applicant: | Permanent Address, Telephone, and Email, if different from current: |
| **Home Institution Faculty Sponsor(s)** Name, Title, Institution, Complete Mailing Address, Telephone, and Email: | **(Optional) Research Mentor(s)** Name, Title, Institution, Complete Mailing Address, Telephone, and Email: |

SECTION 1: EDUCATIONAL HISTORY

Please account for your career since high school. If your entire career cannot be addressed in this section (for example, if you decided to take a year off after graduation from undergraduate school), please mention this in your personal statement.

**Current Medical School:**

Institution:

Month/Year started:

GPA, if known:       MCAT Score:

**Previous graduate or professional schools:**

Please begin with the most recent and list the dates as MM/YY to MM/YY.

Institution #1:       Degree:

Dates attended:       Major:       GPA:

Institution #2:       Degree:

Dates attended:       Major:       GPA:

Institution #3:       Degree:

Dates attended:       Major:       GPA:

**Undergraduate schools attended (begin with most recent):**

Institution #1:       Degree:

Dates attended:       Major:       GPA:

Institution #2:       Degree:

Dates attended:       Major:       GPA:

Institution #3:       Degree:

Dates attended:       Major:       GPA:

**Honors and Awards in Undergraduate/Graduate Schools**

|  |
| --- |
|  |

**Extracurricular, community, and avocation activities**

|  |
| --- |
|  |

**Courses or other experiences in geriatrics/gerontology**

|  |
| --- |
|  |

**Research experience (aging-related and/or non-aging related)**

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|  |

SECTION 2: PERSONAL STATEMENT & RESEARCH INTERESTS

**PERSONAL STATEMENT**

Please describe your past experience, expectations for the program, future goals, and other important information you would like to convey to the review committee. The personal statement should address your interest in geriatrics or aging research, discuss how this interest is related to the above listed honors, activities and courses, and explain why you are interested in this program in particular. This portion of the application is weighted heavily by the review committee. Please be succinct, but provide enough detail to describe your interest (**maximum of 750 words**).

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|  |

SECTION 3: TRAINING CENTER

**PLEASE NOTE: Travel and housing expenses are *not* included in the scholarship.**

If you have particular types of research or subject areas you know you would like to pursue research in, please describe them here. If you do not, please note that you are flexible in this area. Examples of types of research might include basic, clinical, health services, medical education etc.

|  |
| --- |
|  |

Please indicate in preferred order, the National Training Centers you are submitting an application to.

*\*NOTE: UCLA uses a different application and should not be listed below if you are applying to their site.*

**First choice:** none

**Second choice:** none

**Third choice:** none

SECTION 4: AGREEMENTS

Please list the earliest date you can start the MSTAR program, and the latest date you can complete the program:

Do you anticipate any particular scheduling needs during the summer? Please describe:

Are you a former recipient of this award?

[ ]  Yes

[ ]  No

How did you hear about this scholarship program?

**Please enter your initials for each statement to indicate your understanding and agreement.**

I affirm that I will have completed at least one year of study at a school of medicine or osteopathy prior to June 2021.

Initials:

I affirm that I am a citizen or permanent resident alien of the United States.

Initials:

I understand that my application will not be considered complete until it includes a Home Institution Faculty Sponsor plan and the NIH-style biographical sketch of the Home Institution Faculty Sponsor.

Initials:

I agree to commit a minimum of **8** weeks (or 2 months, as appropriate) to the Program, 320 work hours. (Some National Training Centers require that the 8 weeks be consecutive, please confirm with your chosen Center.)

 Initials:

I understand that all of the information that I have provided will be verified as a normal part of

the application process and that any application which contains falsehoods will be immediately

disqualified, and my institution notified of the irregularities.

Initials:

I certify that, to the best of my knowledge and belief, all of my statements made in this application and to persons who contact me about this application, are true and made in good faith.

Initials: