

APPLICATION FOR FAES SUMMER STUDENT GRANT

Please read the instructions before completing. Incomplete applications will not be considered.

1. Social security number _____ Visa category _____

2. Date of Birth _____

3. Name _____
Last First MI

4. Mailing Address _____

5. Phone number _____

6. Current level of education _____

7. Previous education

High School _____ Dates of attendance _____

College _____ Dates of attendance _____

Graduate/Medical/Dental _____ Dates of attendance _____

8. Name of NIH sponsor _____

9. Title and mailing address of NIH sponsor (Include NIH Building and Room) _____

10. Previous research experience; (include dates, names of sponsors, title and place of research (may continue on another sheet of paper if necessary))

a. _____

b. _____

c. _____

11. Statement in the student's own words (200 words or fewer) describing the proposed research project (please attach)

12. If you wish to apply for \$500 living allowance, please attach a statement explaining why.
13. List of courses and grades within past 2 years, and math and science courses within past 4 years (please attach).
14. Official transcript--most recent available (please attach).
15. Current cumulative grade point average _____
16. Statement by supervisor in support of student. Indicate who will be directly supervising the student's work and the extent of supervision. Attach additional sheet or letter if necessary.

Signature of sponsor _____ Date _____

Typed or printed name
of sponsor _____

Signature of student _____ Date _____

Typed or printed name
of student _____

10. Previous experience (Cont'd.)

11. Research Project Description

12. Courses and Grades