PROGRAM DESCRIPTION

The Summer Research Program offered by the Office of Diversity Education and Research is designed for undergraduate students who have historically been underrepresented in the biomedical professions (African American, Mainland Puerto Rican, Native American and Mexican American). The program is open to students who have completed their sophomore or junior year of college. Students having completed their bachelor's degree are ineligible. The program provides eight (8) weeks of experience and participation in biomedical research. In addition, students will participate in a weekly seminar lecture series. This is an eight-week commitment. Participants should not have any other obligations that conflict with a 9-5 Monday to Friday schedule (such as jobs, or classes).

DESCRIPTION

Students participating in the program will conduct research under the direction of a faculty member. Research assignments will be made based upon availability of research opportunities and according to the mutual interests of the faculty sponsors and student participants. Participants will have the opportunity to interact not only with the faculty members directing the research, but also with the medical/graduate students working at the site. A final abstract submission and oral presentations are requirements for completion of the summer program. Some past year's Research topics have included: “Hydralazine-induced Lupus”, “In Vitro Investigation of Pressure Recovery in Aortic Valve Disease” and “DNA Fingerprinting of Mycobacterium Tuberculosis”

EXPERIENCES

Fellowships in the amount of $3,000 will be awarded. Only 5-7 students will be selected. Housing is not provided for Summer Research Fellows.

ADMISSION REQUIREMENTS

Admission will be based on the applicant's academic record, science faculty letter of recommendation, interview (will try to arrange interview during spring break).and intent to pursue a career in medicine or science.

APPLICATION INSTRUCTIONS

STEP 1  Please TYPE all application information.

STEP 2  Complete the Application Data Sheet.

STEP 3  Request a copy of your OFFICIAL transcript from your college to be sent directly to the address noted below.

STEP 4  Complete the applicant information at the top of the Faculty Recommendation form and submit to your science instructor.

STEP 5  Send application data sheet to the address listed below by February 1st. Supporting Documents including transcript and recommendation by February 15th.

SUMMER RESEARCH PROGRAM

Office of Diversity Education and Research
SUNY Downstate Medical Center
450 Clarkson Avenue, MSC 1186
Brooklyn, New York 11203
Directions to SUNY Downstate

BY SUBWAY

IRT Flatbush Avenue Line (#2 Seventh Avenue or #5 Lexington Avenue) trains to Winthrop Street Station. [May take any IRT Brooklyn-bound train (#2, 3, 4, or 5) to Nevins Street in Brooklyn, changing there for a #2 or #5 marked "Flatbush Avenue"]] Walk one block south on Nostrand to Clarkson Avenue, left one and a half blocks to 450 Clarkson Avenue.

IND "D" Line train to Parkside Avenue Station (Parkside Avenue exit). Cross street to get B12 bus.

BY BUS

The B-12 and northbound B-44 buses stop at the corner of Clarkson and New York Avenues.

The following lines connect with the B-12 along Clarkson Avenue: B-41, B-44, B-46, and B-49.

Or transfer from the B-35 to the northbound B-44 at Church and New York Avenues.

PARKING

The Downstate's Medical Center's Visitor's Lot at 354 Clarkson Avenue, off New York Avenue, has limited hours and facilities available at a nominal cost. After 2:30 p.m. on weekdays, visitors may also park their cars at the Center's garage on East 34th Street off Lenox Road. Valet parking is available at 445 Lenox Road.
APPLICATION DATA SHEET

Please provide complete information below: (PLEASE TYPE)

PERSONAL DATA

Social Security #_________________________________________________________

Name _____________________________________________________________________
    Last           First           M.I.

Home Address________________________________________________________________
    Street        Apt. #

__________________________________________________________________________
    City/Town   State    Zip Code

Home Phone # (      )_______________________Cell Phone # (      )_____________________

E-mail address________________________________________________________________

Name of Parent (s)/ Guardian________________________     Phone(       )___________

Status: United States Citizen □    Permanent Resident □    Other □
    Please identify country ________________________________________________
    Visa Type

Place of Birth  ___________________________________________________________

Date of Birth  ___________________________________________________________

Please Check

Gender:  F □        M □

Ethnicity:  African-American □    Mainland Puerto Rican □
    Native American □    Mexican American □
    Other □    Please Identify__________________________________________

Due by February 1st
Office of Diversity Education and Research
Summer Research Program

CAMPUS INFORMATION

College/University______________________________________________________________

Year in College (i.e Sophomore or Junior)____________________________________________

Campus Address________________________________________________________________

Campus Telephone # (    )_________________________________________________________

Spring Break Schedule___________________ Spring Semester ends: _________________

After what date should we contact you at home rather than at your campus location?
_____________________________________________________________________________

Major _____________________________ Expected date of graduation___________________

Number of credits completed by the end of the Spring semester____________________________

Science course taken and currently enrolled ___________________________________________

Career Goals___________________________________________________________________
_____________________________________________________________________________

Scholarships, prizes, awards, memberships in honorary and professional organizations
_____________________________________________________________________________

Extra curricular activities___________________________________________________
_____________________________________________________________________________

Name of Science Faculty Member supplying recommendation

_____________________________________________________________________________

Campus Address______________________________________________________________
Office of Diversity Education and Research
Summer Research Program

ESSAY (Typed)
Describe below your area of scientific interest and what you expect to accomplish during the fellowship experience. Please include references to research (where applicable) and community service experience as well as personal and professional goals. We are also interested in your non-academic endeavors. (Use additional paper, if necessary).
The Summer Research Program offered by the Office of Minority Affairs is designed for undergraduate students who have historically been underrepresented in the biomedical and health related professions (African American, Mainland Puerto Rican, Native American and Mexican American). The program is open to students who have completed their sophomore or junior year of college. Students having completed their bachelor's degree are ineligible. The program provides eight (8) weeks of experience and participation in biomedical research. In addition, students will participate in a weekly seminar lecture series. This is an eight-week commitment. Participants should not have any other obligations that conflict with a 9-5 Monday to Friday schedule (such as jobs, or classes).
Office of Diversity Education and Research  
Summer Research Program

Please describe in the space below the applicant's academic performance and potential based upon your interactions with him/her. Please include references to ability to conduct research in a laboratory setting, when applicable. (Use additional paper, if necessary).

All information will be confidential. If student has waived right to see this recommendation, this report will be limited to the selection committee.

Rate the applicant on the given items by numerical score of 1 to 5. Base you’re rating on the
degree of accomplishment usually expected of individuals at this level.

1 =outstanding  2=above average  3=average  4=below average  5=poor
X = insufficient knowledge to rate

_____ Originality  
_____ Accuracy
_____ Research Ability
_____ Scientific Background

_____ Ability to Exchange Ideas
_____ Perseverance in Pursuing Goals
_____ Ability to Relate to Others

Signature ____________________________ Date__________________

SUMMER RESEARCH PROGRAM
Office of Minority Affairs
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 1186
Brooklyn, New York 11203

SUPPORTING DOCUMENTS DUE BY:
FEBRUARY 15th