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## NATIONAL GRADUATE STUDENT RESEARCH FESTIVAL

### PROGRAM APPLICATION

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

**Instructions:** Before you begin, you may want to review some [helpful hints](#) on using this form and our [privacy](#) statement. After you fill out the form below, press the [Preview Application] button at the bottom of the page, and review your application for accuracy. Then press the [Save Application] button to apply. Please note that, for security reasons, only plain text can be submitted. Any special formatting will be lost when the application is submitted. Because Internet connections are not always stable over extended periods, we recommend that you draft and edit the longer sections of your application offline and then paste them into the form below. Note that only complete applications, i.e. applications with information in every required field, can be submitted.

[Review Criteria for Applications](#)**Eligibility:**

1. Candidates must be currently enrolled at least half-time in a Ph.D. program in an accredited U.S. institution.
2. Candidates must be in the U.S. at the time of the festival (October 25 – 26)
3. Candidates must expect to receive their Ph.D. between **June 2010** and **October 2011**.
4. No restrictions are placed on candidate citizenship.

● Indicates a required field!

1. Personal Information	
Name:	Mr. <input type="text"/> <input type="text"/> <input type="text"/> ● First MI Last
Month/Day of Birth:	<input type="text"/> / <input type="text"/> ● (mm/dd)
Preferred E-mail Address:	<input type="text"/> ● Format: user@server.com To obtain a free e-mail address, <a href="#">click here</a>
Current Address:	<input type="text"/> ●
City:	<input type="text"/> ●
State:	<input type="text"/> ● Candidates from the international community should enter NA in this field
Zip/Postal Code:	<input type="text"/> ●
Country/Region:	United States <input type="text"/> ●
Preferred Phone Number:	<input type="text"/> ● Cell phone number is acceptable
Citizenship Status:	US Citizen <input type="text"/> ●

If Permanent Resident:

Country of Citizenship

Alien Registration No.

Current Visa Status:

Please make my application available for review by NIH investigators if I am not chosen to participate in this year's Research Festival:

## 2. Research Information

**Abstract Title:** Please enter your title in the following format:

**Things I Learned from my Research: What to Do and What Not to Do**

(Capitalize the first and last word and all major words; do not capitalize conjunctions or prepositions.) Please note that title length is limited to 100 characters, including spaces, tabs, and hard returns.

**Abstract Authors/Affiliations:** If credit on your abstract should be shared, then enter all author names and institutional affiliations, including your own, exactly as they should appear in the program book. Please use the following format:

Jane Doe, University of Illinois; John Deer, University of Michigan

OR

Jane Doe, John Deer, University of Illinois

**Current Research Abstract:** Please do not indent. Insert an extra return between paragraphs. Remember, a good abstract should contain the purpose of the study, the methods used, the results and the conclusions. End with an acknowledgement of the source(s) of funding for the project in brackets [ ]. Abstract length is limited to 1800 characters, including spaces, tabs, and hard returns.

**Current Institution:**

**Poster Topic:**

**Abstract Title:**

**Abstract Authors/Affiliations:**

**Current Research Abstract:**

You may post my abstract on the OITE website after the Festival concludes:

(Note: Your answer to this question will not affect the likelihood of your being selected to participate in the Festival.)

### 3. Curriculum Vitae

Please follow a standard c.v. format. However, do not record your publications in this section. Record them instead in Section 4, Publications.

### 4. Publications

### 5. Cover Letter

Please use this section to discuss, BRIEFLY, your future career plans and the research that you would like to conduct during your postdoctoral training. You may also draw attention to any items from your past that NIH investigators should consider specifically in evaluating your application, such as: exceptional contributions of your Ph.D. research to your field; unique perspectives or experiences you bring to your postdoctoral research; major barriers (scientific or otherwise) you have had to overcome to complete your Ph.D.; why doing research at NIH would enable you to achieve your professional goals; etc.

## 6. Reference

Please ask your dissertation advisor to prepare a letter of recommendation for you. In addition to discussing your past performance and future research potential, your advisor should indicate the date by which he/she expects you to have completed your degree.

**A letter of recommendation will be expected from ...**

Name:	Mr. <input type="text"/>	<input type="text"/>	<input type="text"/>
	First	MI	Last
Address:	<input type="text"/>		
Phone:	<input type="text"/>		
E-mail:	<input type="text"/> Format: user@server.com		

**Once your application is complete, an e-mail will be automatically sent to this reference requesting an online letter of recommendation.**

Upon submission of your application, you will receive an e-mail message confirming receipt of your materials and containing login credentials and directions for modifying your application. This information will also enable you to determine whether your letter of reference has been received. NOTE: (1) If you do not receive a confirmation e-mail, you should assume that your application has not been successfully transmitted; (2) It is your responsibility to ensure that your dissertation advisor submits a letter on your behalf.

## 7. Research Topics

Major Research Area:	<input type="text"/>
Research Target:	<input type="text"/>
Research Approach:	<input type="text"/>

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor

- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify: \_\_\_\_\_

**Notice to all applicants:**

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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## RESEARCH FESTIVAL

### LETTER OF RECOMMENDATION FOR PAT WILL

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

**Instructions:**

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the button below to submit your letter.**

[Review Criteria for Applications](#)

**Reference Letter**

Please update the fields below so that they correctly reflect your name, phone number and address.

**Name:** Mr.  | |  |

<b>Title</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
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**Address:**

**Phone:**

**Reference Letter**  
Please include your name, academic rank, department and institution in your signature block.

**Anticipated Ph.D. Completion Date:**

Submit

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**Burden Disclosure Statement for Applicants –**

Public reporting burden for this collection of information is estimated to average 45-minutes for the application and 45-minutes for the supplemental material per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

**Burden Disclosure Statement for References –**

Public reporting burden for this collection of information is estimated to average 15-minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.