

Medical Research Scholars Program(MRSP) Application

OMB Number: 0925-0698
Expiry date: 05/31/2017
[Public Reporting Burden Statement](#)

All required fields are notated with an asterisk*

Instructions: If you already have a saved application click on the Login button

Before you begin, you may want to review a statement about [privacy](#). After you fill out the application form below, press the [Save] button at the bottom of this page to resume your application later. You MUST Press the [Submit] button to complete the application process. Review of applications will begin after the deadline.

First Year students are not eligible for this program

Please press save before continuing to the next page.

[Eligibility Requirements for the NIH Medical Research Scholars Program](#)

Notice to all applicants: Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for deny your candidacy or removing you from the program. Please contact MRSP@nih.gov if you need assistance or have questions.

- Personal Information
- Academic Information
- Experience
- Research Interests
- References
- Feedback
- Review and Submit

Contact Details

Title*:

First Name*:

Middle Initial:

Last Name*:

Email Address*:

Current Address*:

City*:

State*:

Zip Code*:

Preferred Phone Number*:

Status

Citizenship Status*:

Previous research experience at NIH:

Public Reporting Burden Statement

Public reporting burden for this collection of information is estimated to average 20 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 (0925-0698).

Do not return the completed form to this address.

Please e-mail technical questions or comments to MRSP@nih.gov | [Privacy Policy](#) | [Legal Disclaimer](#)

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Academic Information

Graduate School Type*: ▼

Graduate School Name*: ▼

School Grading Scale*: ▼

Current Year of Medical, Dental, Osteopathic or Veterinary School*: ▼

Undergraduate Institution*:

Undergraduate Degree/Majors*:

Additional Graduate Degrees:

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Graduate Transcript*

Upload Graduate Transcript:

Upload

Undergraduate Transcript*

Upload Undergraduate Transcript:

Upload

CV/Resume*

Upload CV/Resume:

Upload

Next Save Cancel

Medical Research Scholars Program(MRSP) Application

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[Public Reporting Burden Statement](#)

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- Experience
- Research Interests**
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Research Interests*

Research Area(s) of Interest:
(Limit: 100 characters)

Type of Research you are Interested in Conducting*

Type of Research: Basic
 Clinical
 Translational

Personal Statement*

Include your research interests, career goals, reasons for applying and expectations of your participation in the program. (Limit to one page).

Upload Personal Statement:

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References

Dean of Student Affairs or equivalent*

Please provide contact information for the Dean of Student Affairs or equivalent, who must provide a supporting letter of recommendation that indicates your student status and also approval of your participation in the MRSP.

Title*:

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

Reference 2*

Title*:

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

References

Feedback

Review and Submit

Title*:

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

Reference 2*:

Title*:

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

Reference 3*:

Title*:

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

Send Reference Request

Next

Save

Cancel

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How did you hear about this program? *

- Ad in a scientific journal (Nature, Science):
- Ad in a student journal:
- Ad in a meeting program:
- Exhibit at a meeting:
- Career development/opportunities workshop:
- Flyer:
- Poster:
- From a mentor or advisor:
- From an alumnus/alumna of the program:
- NIH representative visited school:
- Web search:
- Other:

[Next](#) [Save](#) [Cancel](#)

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Personal Information

Academic Information

Experience

Research Interests

References

Feedback

Review and Submit

Personal Information

Contact Details

Title: Ms.
First Name: test
Middle Name:
Last Name: test
Email Address: test@test.com
Current Address: 1234
City: atkanta
State: Georgia
Zip Code: 30305
Preferred Phone Number: 123 123 1234

Status

Citizenship Status: US Citizen

Country of Citizenship

Alien Registration No.:

Previous Research Experience at NIH: No

Please provide name of NIH program

Please provide year(s) of participation

Other Text:

Submit