NIH National Institutes of Health

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Medical Research Scholars Program(MRSP) Application

OMB Number: 0925-0698 Explry date: 05/31/2017 Public Reporting Burden Statement,

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

All required fields are notated with an asterisk*

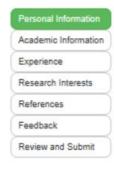
Before you begin, you may want to review a statement about privacy. After you fill out the application form below, press the [Save] button at the bottom of this page to resume your application later. You MUST Press the [Submit] button to complete the application process. Review of applications will begin 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 denyi your candidacy or removing you from the program. Please contact MRSP@nih.gov if you need assistance or have questions.



Title*:	Select	~	
First Name*:			
First Name";			
Middle Initial:			
Last Name*:			
Email Address*:			
Current Address*:			
City*:			
State*:	Select	<u> </u>	
Zip Code*:			
Preferred Phone Number*:			
Citizenship Status*:	Select		
Previous research experience at NIH:	Select	<u>~</u>	

Please e-mail technical questions or comments to MRSP@nih.gov | Privacy Policy | Legal Disclaimer



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.

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NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0698).

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Eligibility Requirements for the NIH Medical Research Scholars Program

ademic Information	Contrate School Tours	Calcul		
perience	Graduate School Type*:	Select	<u> </u>	
esearch Interests	Graduate School Name*:	Select	~	
	School Grading Scale*:	Select	V	
ferences	Current Year of Medical, Dental, Osteopathic or Veterinary			
edback	School*:		~	
view and Submit	Undergraduate Institution*:			
	Undergraduate Degree/Majors*:			
	Additional Graduate Degrees:			



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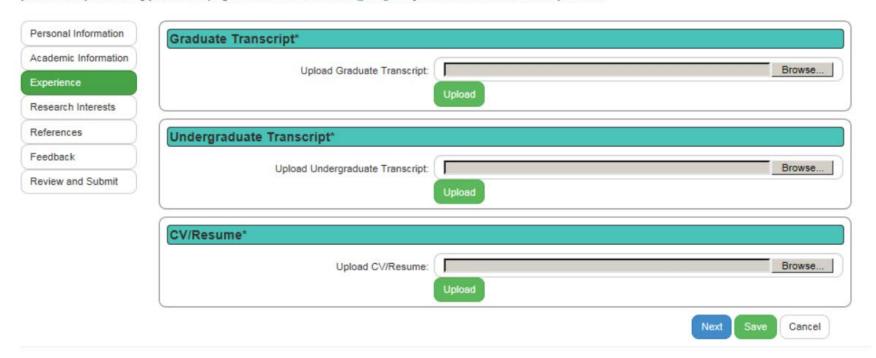
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Eligibility Requirements for the NIH Medical Research Scholars Program

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

Research Interests*	
Research Area(s) of Interest: (Limit: 100 characters)	
Type of Research you are Interested in Co	nducting*
Type of Research:	□Basic □Clinical □Translational
Personal Statement*	
nclude your research interests, career goals, reasons for a	applying and expectations of your participation in the program. (Limit to one page).
Upload Personal Statement:	Upload Browse
	Next Save Cancel



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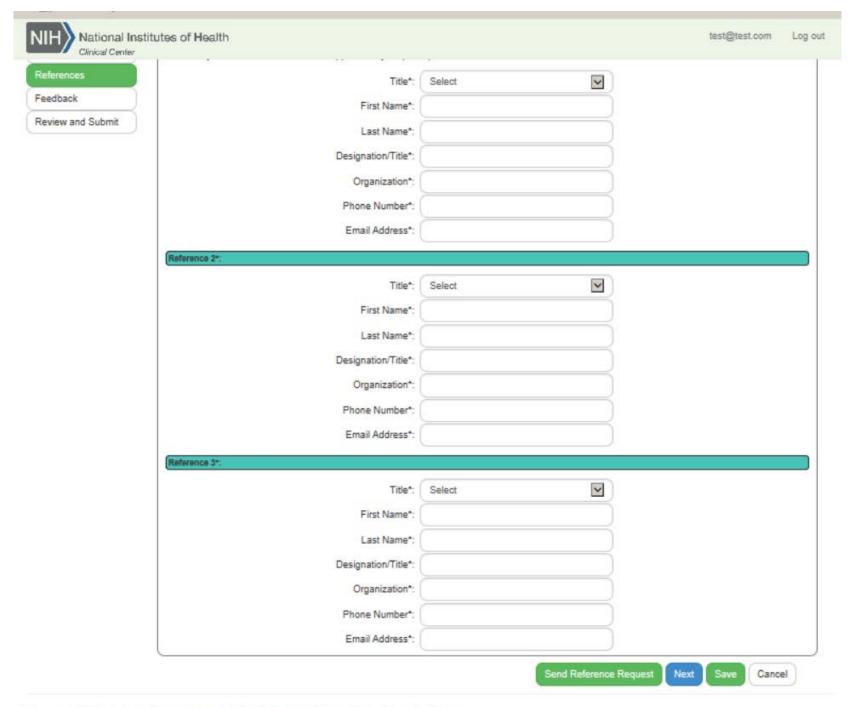
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Eligibility Requirements for the NIH Medical Research Scholars Program

Personal Information	References		
Academic Information			
Experience	Dean of Student Affairs or equivalent*:		
Research Interests	Please provide contact information for the Dean of Student / indicates your student status and also approval of your parti		pporting letter of recommendation that
References	Title*:	Select)
Feedback	First Name*:	_	í .
Review and Submit	Last Name*:		í.
	Designation/Title*:		î
	Organization*:		ĺ
	Phone Number*:		1
	Email Address*:		Ś
	Reference 2*:		
	Title*:	Select 💌	
	First Name*:		
	Last Name*:		
	Designation/Title*:		
	Organization*:		
	Phone Number*:		
	Email Address*:		



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Medical Research Scholars Program(MRSP) Application

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Eligibility Requirements for the NIH Medical Research Scholars Program

ersonal Information	How did you hear about this program? *		
academic Information	Ad in a scientific journal (Nature, Science):		
experience	Ad in a student journal:		
tesearch Interests	Ad in a meeting program:		
escarcii interests	Exhibit at a meeting:		
eferences	Career development/opportunities workshop:		
eedback	Flyer:		
	Poster:		
eview and Submit	From a mentor or advisor:		
	From an alumnus/alumna of the program:		
	NIH representative visited school:		
	Web search:		
	Other:		



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Personal Information		
Academic Information	Personal Information	
Experience		
Research Interests	Contact Details	
References	Title:	Ms.
Tierendes	First Name:	test
Feedback	Middle Name:	
Review and Submit	Last Name:	test
MENEW and Southit	Email Address:	test@test.com
	Current Address:	1234
	City:	atkanta
	State:	Georgia
	Zip Code:	30305
	Preferred Phone Number:	1231231234
	Status	
	Citizenship Status:	US Citizen
	Country of Citizenship	
	Alien Registration No.:	
	Previous Research Experience at NIH	:No
	Please provide name of NIH program	Select
	Please provide year(s) of participation	n

Other Text: