BURDEN STATEMENT

OMB No.: 0925-0761 Expiration Date: 07/31/2022

Public reporting burden for this collection of information is estimated to average 60 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 (0925-0740). Do not return the completed form to this address.

How to Apply

- 1. Provide your contact information in the form below and "Submit" it.
- You will receive an email with a link to the application that can be completed online. Required materials for the application include your current transcripts, a statement of interest, a resume or CV, and two recommendation letters focused on your research capabilities.
- 3. In order to solicit the recommendation letters for your application, please enter the name and email address for two faculty members who are willing to provide recommendation letters for you. As soon as you enter the faculty email addresses, the application system will email a link directly to your faculty members so that they can upload their recommendation letters directly into our system. Please identify who will submit recommendation letters for you early in the application process so that they have sufficient time to write and upload their letter. You are responsible for ensuring your faculty members have submitted their recommendation by the application deadline.

All materials must be submitted by Friday, February 7, 2020.

| olicant Name: | | * Required | |
|---|------------------------------------|------------------------|--|
| plicant Email Address: | | * Required | |
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| DTE: Click <u>this link</u> if you've al | ready requested an Application but | orgot your access key. | |
| OTE: Click <u>this link</u> if you've al | ready requested an Application but | orgot your access key. | |
| OTE: Click <u>this link</u> if you've all | ready requested an Application but | orgot your access key. | |

| Current Application Status: | Pending • | | | |
|--|-----------------------|--------------------------|-------------------------|-----|
| Applicant Name: | Erin Wetzel | | | |
| | Street Address | City | State | Zip |
| Home Address: | | | Select State 🔻 | |
| Gender: | Select Gender V | | | |
| Are you authorized to work in the United States? | ◯ Yes ● No | | | |
| Contact Information | Email | Pho | ne | |
| a) During School Year: | ebaney@gmail.com | | | |
| b) After School Year: | | | | |
| Institution Name: | | | | |
| | Street Address | City | State | Zip |
| Institution Address: | | | Select State 🔻 | |
| | Please Select ▼ stude | nts must be a rising jur | nior or senior to apply | |
| Current Year (Grade): | | | | |

| First Priority: | Select Your First Choice | T |
|----------------------------|---------------------------|---|
| Second Priority: | Select Your Second Choice | T |
| Third Priority (optional): | Select Your Third Choice | • |

Recommendation Information

| | Recommendation #1 | Recommendation #2 | |
|------------------------|--|---|-----------|
| Faculty Name: | | | |
| Institution Name: | | | |
| Department (optional): | | | |
| Email: | | | |
| Phone (optional): | | | |
| Recommendation Letter: | Not received yet | Not received yet | |
| | n e-mail with instructions for providine insturction includes addressing the | ng a reference letter as soon as you provide or c l e following four questions: | hange the |
| Question 1: | In what capacity have you know | n the applicant and for how long? | |

Question 2: How would you rate the applicant's ability to critically solve problems?

Question 3: How would you rate the applicant's potential to complete an independent research project?

Question 4: How well does the applicant work with others?

Attachments

NOTE: Please upload all your documents before you submit your application and black/white out your SSN, Date of birth and other Personally Identifiable Information on all uploaded documents.

Statement of Interest:

Choose File No file chosen

en Upload

Please address the following items in your statement of interest:

- Research Motivation: Please discuss any prior research experience, especially any that related to the subject matter or methods of your top two project choices. Please state how participation in the 2019 NCI Systems Biology and Physical Sciences in Cancer Research Program will further your academic interests and/or professional goals.
- Project Selection: Please provide specific rationale for your top two choices for research projects/locations.

The Statement of interest should not exceed 2 pages, 12 pt font (or approximately 6000 characters).

| Resume/CV: | Choose File No file chosen | Upload |
|----------------------------|----------------------------|--------|
| Transcript(s): | No File Found. | |
| Upload more transcript(s): | Choose File No file chosen | Upload |
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Comments (optional):

| Comments (option | al): | | | | 1 |
|---|-----------|---------|------|--|-------|
| Application Stat | tus | | | | |
| Current Application | n Status: | Pending | | | |
| IOTE: To make ch 491 or <u>csbcsumm</u> dministrator. | | | | | |

CSBC/PS-ON Summer Research Program Login

You must login using your NIH credentials to access CSBC Administration Site.

You must login to view or update your application.

