

# MRSP Public Reporting Burden Statement

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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@mail.nih.gov](mailto:MRSP@mail.nih.gov) | [Privacy Policy](#) | [Legal Disclaimer](#)

## Medical Research Scholars Program(MRSP) Application

OMB Number: 0925-0698  
Expiration date: 07/31/2020  
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](mailto: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:

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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:

### Undergraduate Transcript\*

Upload Undergraduate Transcript:

### CV/Resume\*

Upload CV/Resume:

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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\*:

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Personal Information	<b>How did you hear about this program? *</b>  Ad in a scientific journal (Nature, Science): <input type="checkbox"/> Ad in a student journal: <input type="checkbox"/> Ad in a meeting program: <input type="checkbox"/> Exhibit at a meeting: <input type="checkbox"/> Career development/opportunities workshop: <input type="checkbox"/> Flyer: <input type="checkbox"/> Poster: <input type="checkbox"/> From a mentor or advisor: <input type="checkbox"/> From an alumnus/alumna of the program: <input type="checkbox"/> NIH representative visited school: <input type="checkbox"/> Web search: <input type="checkbox"/> Other: <input type="checkbox"/>
Academic Information	
Experience	
Research Interests	
References	
<b>Feedback</b>	
Review and Submit	

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