

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

Medical Research Scholars Program(MRSP) Application

OMB Number: 0925-0698
OMB Expiration Date: 10/31/2026
[Public Reporting Burden Statement](#)

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 denyi your candidacy or removing you from the program. Please contact MRSP@nih.gov if you need assistance or have questions.

All required fields are noted with an asterisk*.

Personal Information

Academic Information

Experience

Research Interests

References

Feedback

Review and Submit

Contact Details

Title*

Select

First Name*

Middle Initial

Last Name*

Email Address*

Current Address*

City*

State*

Select

Zip Code*

Preferred Phone Number*

Status

Citizenship Status*

Select

Previous research experience at NIH

Select

Save

Next

Cancel

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

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 denying your candidacy or removing you from the program. Please contact MRSP@nih.gov if you need assistance or have questions.

All required fields are noted with an asterisk*.

Personal Information

Academic Information

Experience

Research Interests

References

Feedback

Review and Submit

Academic Information

Graduate School Type*

Select

Graduate School Name*

Select

School Grading Scale*

Select

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

Undergraduate Institution*

Undergraduate Degree/Majors*

Additional Graduate Degrees

Next

Save

Cancel

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

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 denying your candidacy or removing you from the program. Please contact MRSP@nih.gov if you need assistance or have questions.

All required fields are notated with an asterisk*.

Personal Information

Academic Information

Experience

Research Interests

References

Feedback

Medical, Dental or Veterinary Transcript*

Upload Medical, Dental or Veterinary Transcript: Choose File No file chosen Upload

Uploaded Medical, Dental or Veterinary Transcript: [TRERZAUP.pdf](#)

Graduate Transcript (Master's) - if applicable

Upload Graduate Transcript (Master's): Choose File No file chosen Upload

Undergraduate Transcript*

Upload Undergraduate Transcript: Choose File No file chosen Upload

Uploaded Undergraduate Transcript: [Abdellah_Sarah_JHU_Transcript.pdf](#)

CV/Resume*

Upload CV/Resume: Choose File No file chosen Upload

Uploaded CV/Resume: [Sarah Abdellah_CV_2025.pdf](#)

SaveNextCancel

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

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 denying your candidacy or removing you from the program. Please contact MRSP@nih.gov if you need assistance or have questions.

All required fields are notated with an asterisk*.

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 Conducting*

☐Basic

Type of Research: ☐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:

Browse...

Upload

NextSaveCancel

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 denying 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

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*: Select

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

Reference 2*:

Title*: Select

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

NIH

National Institutes of Health

Clinical Center

test@test.com Log out

References

Feedback

Review and Submit

Title*: Select

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

Reference 2*:

Title*: Select

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

Reference 3*:

Title*: Select

First Name*:

Last Name*:

Designation/Title*:

Organization*:

Phone Number*:

Email Address*:

Send Reference Request

Next

Save

Cancel

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.

All required fields are notated with an asterisk*.

[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 denying 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

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

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