

Morehouse School of Medicine/ Tuskegee University/ University of Alabama at Birmingham

Partnership Summer Cancer Research Education Program 2017

The Morehouse School of Medicine (MSM), Tuskegee University (TU), and University of Alabama at Birmingham (UAB) Partnership invites graduate and medical students to participate in its eight-week Summer Cancer Research Education Program (SCREP), which takes place in June and July.

Eligible Applicants: We are accepting applications for these paid internships from graduate students currently enrolled in a masters or doctoral program, or medical school, at MSM, TU or UAB. Students must be US citizens or permanent residents. Selected students will receive a stipend for 20 hours a week. All applications must be received **by Monday, April 3, 2017.**

The overall goal of the MSM/TU/ UAB Partnership SCREP is to establish a program that will encourage interest, and facilitate student training, in cancer research. Through attendance and participation in designated seminars and workshops, research students will be able to enhance their knowledge, scientific techniques, and expertise in cancer and cancer research. Participants in these activities will become stronger candidates to continue for advanced degrees in the field of cancer research and to progress to be independent investigators.

The Summer Cancer Research Education Program runs **June 5 – July 28, 2017,** and includes three components:

- 1. **Course work:** Cancer Education provided by UAB faculty; Scientific Writing provided by MSM faculty; Bioethics in research provided by TU faculty. Travel to all three campuses is required for the one- to two-day courses for the dates to be scheduled listed on page 5 of this application.
- 2. **Practical/Field Training:** Students will be linked with a mentor in their respective field to work on a cancer-related research project. The student may work with a specific research interest or an existing data set to identify ideas or proposals for future research.
- 3. **Seminars:** Students will attend and present a research poster at the two-day Partnership Cancer Research Symposium and may participate in other weekly/monthly noon seminars at their respective institution.

We encourage qualified graduate students of all majors to apply. All students are required to submit an application form, essay, undergraduate and graduate transcripts, and two reference letters. To be considered for this program, students must adhere to the procedures outlined in the application.

Applications must be completed and returned by Monday, April 3, 2017, to MSM/TU/UAB Partnership Summer Cancer Research Education Program at an address on the next page.

If you would like more information or assistance in completing the application, please contact:

At MSM: At TU: At UAB:

Shailesh Singh, PhDRoberta M. Troy, PhDAnn S. Smith, MPH404-756-5718334-725-2364205-934-9903shsingh@msm.edurmtroy@mytu.tuskegee.eduannsmith@uab.edu

We thank you for your interest and encourage you to return your completed application as soon as possible.

Regards,

Shailesh Singh, PhD Roberta M. Troy, PhD Isabel Scarinci, PhD, MPH

Morehouse School of Medicine Tuskegee University University of Alabama at Birmingham

Co-Leader Co-Leader Co-Leader

MSM/ TU/ UAB PARTNERSHIP SUMMER CANCER RESEARCH EDUCATION PROGRAM June 5 – July 28, 2017

APPLICATION FORM

INSTRUCTIONS: Applications must be received BY MONDAY, APRIL 3, 2017

- Complete ALL sections of this application It is your responsibility to make certain that your transcript(s),
 one page essay and recommendation letters are received by the date listed above. Incomplete applications
 will not be reviewed.
- 2. **Transcripts** Contact your college registrar for an official transcript. Transcripts should be issued from **ALL** colleges attended.
- 3. **Letters of Recommendation** Request recommendation letters **from <u>two</u> people** familiar with your academic work. Each recommendation letter should be in a separate envelope and signed on the back across the sealed flap by the person making the recommendation, or it may be emailed to the below by the person making the recommendation.

Submit your application and supplementary materials to one of the below: MSM/TU/UAB Partnership Summer Cancer Research Education Program (SCREP)

Applicants at MSM: Attention: Shailesh Singh, PhD Morehouse School of Medicine Microbiology, Biochemistry & Immunology 720 Westview Drive, SW Atlanta, GA 30310 shsingh@msm.edu		Applicants at TU: Attention: Roberta M. Troy, PhD Health Disparities Institute 70-112 John A. Kenney Hall Tuskegee University Tuskegee, AL 36088 rmtroy@mytu.tuskegee.edu		Applicants at UAB: Attention: Ann S. Smith, MPH UAB Minority Health & Health Disparities Research Center 1717 11 th Avenue South – MT 512 Birmingham, AL 35205 annsmith@uab.edu	
I. PERSONAL INFORMATION	(PLEASE TYPE O	R PRINT)			
Name					
Last		First	Mi	ddle	
Current Address					
	Street	Apt. Number	City, State	Zip	
Email Addresses: (Current) _		(Permai	nent/personal)		
Cell Phone		Are you a U.S.	Citizen? Yes	_ No	
If not a U.S. Citizen, are you a	Permanent Resi	dent? Yes	_No		
Race/ Ethnicity	Place of Birth _	Date	of Birth	Sex: F M	_ Age:
Do you have a valid driver's li	cense? Yes	State	License No		
Will you have use of a car if po	ublic transportat	ion is not available	e? Yes No	0	
Have you ever participated in	a Summer Train	ing/Enrichment Pr	ogram in the past	? Yes No _	

Do you have any special needs to be considered? Yes ____ No ___ If yes, please specify_____

Please list the names of people to be notified in case of emergency:						
NAME	Relationship					
Email Address Telep	hone Numbers(s): Home ()	Work <u>(</u>)			
Address						
RECOMMENDATIONS						
Give the names, positions and addresses recommendations.	of the two persons whom you have asl	ked to write letter	rs of			
Name	Position					
Email Address						
Name	Position					
Email Address						
II. EDUCATIONAL BACKGROUND						
Colleges and Universities attended - plea	se list most recent first. Expand table a	s needed.				
Name and Locat	ion of College	Dates Attended	Degree and Graduation Date			
Academic information for current enrollr		l l				
Major Major	Minor	Classification	n GPA			
Most recent courses Cou	ırses	Cr	edit Hours			
III. HONORS, SCHOLARSHIPS, ACHIEVEI	MENTS AND AWARDS					
IV. EXTRA CURRICULAR ACTIVITIES (Col	lege and Professional)					
V. COMMUNITY ACTIVITIES						
VI. ABILITIES AND SKILLS (Computers, I	aboratory techniques, licenses, etc.)					

VII. AREA OF RESEARCH INTEREST

Category of Project:

Indicate your 1st, 2nd, and 3rd choice(s) regarding the type(s) of research project, the research program area(s), and the type(s) of cancer which interest you. Write a 1, 2, or 3 on the line in front of the applicable item.

Virology Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info:				
Animal Research Behavioral Research (cultural influences of health seeking behaviors, intervals knowledge, attitudes and beliefs towards health care, life style modification interventions, etc.) Other (specify):	Community-Based or Field Research	Laboratory or Basic Science Research		
Behavioral Research (cultural influences of health seeking behaviors, intervals knowledge, attitudes and beliefs towards health care, life style modification interventions, etc.) Other (specify): Type of Cancer:	Analytical/Statistical Research	Clinical (Patient Care) Research		
attitudes and beliefs towards health care, life style modification interventions, etc.) Other (specify):	Animal Research			
Other (specify):	Behavioral Research (cultural influences o	f health seeking behaviors, intervals knowledge,		
Research Program Area: Cancer Prevention and Control Chemoprevention Chemoprevention Chemoprevention Chemoprevention Chemoprevention Colorectal Lung Lung Molecular Genetics Neuro-Oncology Structural Biology Virology Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	attitudes and beliefs towards health ca	are, life style modification interventions, etc.)		
Research Program Area: Cancer Prevention and Control Chemoprevention Colorectal Experimental Therapeutics Immunology Immunology Oral Molecular Genetics Neuro-Oncology Structural Biology Virology Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Breast Cervical Colorectal Lung Prostate Skin Oral Other (specify): Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	Other (specify):			
Research Program Area: Cancer Prevention and Control Chemoprevention Colorectal Experimental Therapeutics Immunology Immunology Oral Molecular Genetics Neuro-Oncology Structural Biology Virology Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Breast Cervical Colorectal Lung Prostate Skin Oral Other (specify): Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?				
Cancer Prevention and Control Chemoprevention Chemoprevention Chemoprevention Colorectal Experimental Therapeutics Lung Immunology Oral Molecular Genetics Neuro-Oncology Structural Biology Virology Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	Research Program Area:	Type of Cancer:		
Chemoprevention Colorectal Experimental Therapeutics Lung Ung Oral Molecular Genetics Prostate Skin Structural Biology Other (specify): Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	·	Breast		
Experimental Therapeutics Immunology Molecular Genetics Neuro-Oncology Skin Structural Biology Virology Women's Cancer Other (specify): To you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	Cancer Prevention and Control	Cervical		
Immunology Oral Molecular Genetics Prostate Neuro-Oncology Skin Structural Biology Other (specify): Virology Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?		Colorectal		
Molecular Genetics ProstateNeuro-Oncology Skin Structural Biology Other (specify): Virology Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info:	 ·	Lung		
Neuro-Oncology Skin Structural Biology Other (specify): Women's Cancer Other (specify): Other (specify): If yes, provide name and contact info: Do you have a specific research project in mind?	Immunology	Oral		
Structural Biology Virology Women's Cancer Other (specify): Other (specify): If yes, provide name and contact info: Do you have a specific research project in mind?	Molecular Genetics	Prostate		
Virology Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	Neuro-Oncology	Skin		
Women's Cancer Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	Structural Biology	Other (specify):		
Other (specify): Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	Virology			
Do you have a specific faculty member in mind for a mentor? If yes, provide name and contact info: Do you have a specific research project in mind?	Women's Cancer			
If yes, provide name and contact info: Do you have a specific research project in mind?	Other (specify):			
·				
	, , , , , , , , , , , , , , , , , , , ,			

EXAMPLES of Previous Student Research Projects:

- Rural/Urban and Racial Differences in Breast Cancer Age and Stage at Diagnosis Among Women in Alabama from 2005-2015
- Influence of the LHRH Analog, Cetrorelix, on Cell Migration of the Human Prostate Cancer Cell Line, DU-145
- Role of Tyrosine Phosphorylation on MDH2 Enzyme Activity in Cancer Cells
- Effect of Practitioner Smoking Cessation Training on Patient Counseling Time
- Encouraging Compliance with Follow-up Appointments for Abnormal Mammograms: Factors that Community Lay Health Advocates Should Consider

VIII. AVAILABILITY FOR ASSIGNMENT

Student trainees are expected to work for the entire 8-week training period: Monday, June 5, through Friday, July 28, 2017

Your schedule will include approximately 20 hours a week of required course work and time to work with your mentor to develop a research project. This schedule will be determined with your mentor during the first week of training.

SCREP required course dates are:

- Week 1 -- Bioethics Workshop at TU (Proposed June 7, 2017)
- Week 3 -- Cancer Education at UAB (Proposed June 20 & 21, 2017)
- Week 4 -- Scientific Writing Workshop at MSM (Proposed June 27-28, 2017)
- Week 8 Cancer Research Symposium (Proposed July 26, 2017)

Travel to the other campuses is expected and will be reimbursed.

IX.	RECRUITMENT INFORMATION				
	Have you participated in any type of internship pr If yes, indicate when and where.	ogram in the past?	Yes	No	
	How did you learn about the MSM/ TU/ UAB Parti	nership Cancer Rese	arch Educatio	n Program?	
х.	STATEMENT OF INTENT ESSAY				
	e submit a one-page essay (350 words) attached wit aluated for clarity, grammar, spelling and coherence				
•	Why would you like to participate in the MSM/TU Education Program (SCREP)?	/UAB Partnership Su	ımmer Cance	r Research	
•	How does this training program relate to your aca What qualifications distinguish you from other po	•	oals?		
	ASM/TU/UAB Partnership Summer Cancer Researcl selections will be made by Friday, May 5, 2017.	n Education Commit	tee will revie	w applications.	
give t	ify that the information submitted in this application he MSM/TU/UAB Partnership SCREP permission to itment and placement.				
	ected, I authorize and release MSM/TU/UAB to vide cipation in this program.	eotape, photograph	or otherwise	record my	
	Signature	-	Date		