

U-RISE TRAINEESHIP

PROGRAM APPLICATION

Undergraduate Research Training Initiative for Student

Enhancement (U-RISE)

Application Deadline: Monday, May 1, 2023 at 11:59 p.m., EST

The goals of the NIH-funded Monarch U-RISE program are to increase the number of Ph.D. scientists from underrepresented minority groups who are engaged in biomedical research and to prepare them for research careers. More information about the U-RISE program can be found at the following URL:

https://nigms.nih.gov/training/RISE/Pages/U-RISE-T34.aspx

U-RISE applicants must be interested in pursuing either a Ph.D. or a Ph.D./M.D. degree in subjects in the Colleges of Engineering, Health Sciences, and Sciences, be a full-time student at ODU with a junior standing beginning fall 2023, <u>and</u> must be underrepresented in the sciences for <u>ONE</u> of the following reasons:

- Black/African-American, Native Hawaiian/other Pacific Islander, Hispanic/Latino, Native American/Alaskan Native
- Financially disadvantaged (eligible for Pell grants or equivalent)
- Disability recognized by the ODU Office of Educational Accessibility

APPLICATION INSTRUCTIONS

- 1. Please read all directions carefully.
- 2. Complete the ODU U-RISE Application. <u>Please fill it out online, print</u>; then sign the form with a pen, scan the signed document, and submit per instructions below. Your essays must be typed with text confined to the space provided by the form. Please be concise. Please contact Prof. Holder (e-mail: aholder@odu.edu), Prof. Ranjan (e-mail: dranjan@odu.edu) with any questions or for assistance with your application.
- 3. Complete the ODU Admissions Application, if necessary.
- 4. Give the Recommendation Forms to two professors or research mentors in the Colleges of Engineering, Health Sciences, or Sciences, who can give insight to your potential to pursue either a Ph.D. or a Ph.D./M.D. degree. You must allow adequate time for each recommender to complete the form and return it to Prof. Alvin Holder. The completed Recommendation Form should be returned by e-mail to aholder@odu.edu.
- 5. Please return all application materials to the U-RISE Program Director, Prof. Alvin Holder (email: aholder@odu.edu) by Monday, May 1, 2023 at 11:59 p.m., EST. Please see checklist below.

Checklist

□U-RISE Application (four pages)

Statement of Educational Goals and Research Interests

□Recommendation Form #1 and Recommendation Form #2 (sealed envelopes with signature on flap)**

May also be emailed.

□Official Transcript(s) from all colleges attended before enrolling at ODU.** Also, please provide unofficial ODU transcripts.

□Citizenship documentation □Resume or CV

**may be mailed to the Director: Alvin Holder, Ph.D.

Prof. Alvin Holder Old Dominion University Department of Chemistry and Biochemistry 4501 Elkhorn Avenue Norfolk Virginia 23529

PLEASE NOTE: You will be notified by Prof. Holder as to the outcome of your application. Top applicants will be interviewed and U-RISE trainee decisions will be announced after final interviews. Successful applicants must complete and sign a Scholarship Agreement. Proof of citizenship (copy of a United States birth certificate) or permanent residency (copy of "green card") is required prior to official acceptance into the program. Official appointments are completed on the NIH website, with the assistance of the ODU U-RISE staff. You can also view the following URL: https://nigms.nih.gov/training/RISE/Pages/U-RISE-T34.aspx.



Please let us know how you heard about the U-RISE Traineeship Program:

Email from faculty or advisor

E-mail from fellow student

Web page

Facebook

Flyer

Other _____

TRAINEE APPLICATION

Please type or print neatly

| Last Name | First Na | ame | | Middle Initial | |
|------------------------|--------------|-------------------|--|----------------|--|
| ODU Student ID Number | Male | Male Female Other | | Date of Birth | |
| Campus Address | | | | | |
| Campus Phone # | Cell Phone # | | | | |
| Permanent Address | | | | | |
| Permanent Phone Number | E-mail | | | | |
| | | | | | |
| V C | | | | | |

| Year of | | | |
|------------|--------------------------------------|---------|--|
| Graduation | Name and Full Address of High School | Country | |
| | | - | |
| | | | |
| | | | |
| | | | |

| ODU Graduation Date | / | _mm/yy | SAT/ACT Scores: | Highest Verbal | Highest Math | |
|-----------------------------|---|--------|-----------------|----------------|--------------|--|
| List all SAT/ACT exam dates | | | | | | |

List all colleges and universities attended:

| College/University | Major | Cum GPA | GPA in Major |
|--------------------|-------|---------|--------------|
| | | | |
| | | | |

| Are you currently enrolled at ODU? | Yes | No |
|---|-----|----|
| If No, have you submitted an ODU Admission application? | Yes | No |
| Do you have ODU campus housing secured for Fall 2023? | Yes | No |
| Are you eligible for a Pell Grant? | Yes | No |
| Are you the first member of your family to attend college? | Yes | No |
| Do you have a disability? If yes, give a brief description (e.g., vision, hearing, etc.) | Yes | No |

Answer:

Racial Background: (check one or more)

| Black or | African American | n |
|-----------|--------------------|--------------|
| White | | |
| Asian/Inc | lian | |
| | | |
| Yes | No | |
| | White Asian/Inc | Asian/Indian |

Citizenship Information

- a. Are you a citizen of the United States of America? Yes No
 (A photographic copy of your birth certificate or passport with a state-issued photo identification card is required with this application.)
- b. If you are not a U.S. Citizen, are you a Permanent Resident with a Permanent Residency card?
 Yes No Photographic copies of both sides of your card are required.

c. I believe that I am a U.S. Citizen or Permanent Resident of the United States, but I cannot provide the required documentation. Yes No
 This situation (c) will require additional investigation. You must provide a written explanation of your U.S. Citizenship Status and permission from you, the student, and your guardian, if applicable, and any legal counsel for ODU to look into your status. Please note that there are a limited number of appointments available to the U-RISE Program at ODU and any delay in proving your citizenship status may negatively impact your acceptance into the U-RISE at ODU. Therefore, ODU and its staff take no responsibility for the loss of any student's potential program support because of related delays.

Please list the name, address, and telephone number (other than the address listed above) of a relative, or other person who can be used as a secondary contact for you:

| Do you have outstanding federal student loans? | Yes | No | | If yes, please explain: |
|--|------------|--------------|-----|-------------------------|
| Have you ever received NIH funding? | Yes | No | | |
| If yes, name program and dates of participation (| U-RISE, M | IIRT, etc.). | | |
| | | | | |
| Do you plan to pursue either a Ph.D. or a Ph.D./M. earning a B.S./B.A. degree? | .D. degree | after | Yes | No |
| Do you plan to pursue a career in subjects in the C Engineering, Health Sciences, or Sciences after ea or a Ph.D./M.D. degree? | | r a Ph.D. | Yes | No |

PLEASE ANSWER THE ESSAY QUESTIONS IN THE SPACE PROVIDED

1. Why do you believe that a biomedical career in your major in the Colleges of Engineering, Health Sciences,

or Sciences is right for you? Please complete up to 98% of the alloted space here and for # 2 below.

2. How will the ODU U-RISE Program assist in your development as a future research scientist?

STATEMENT OF EDUCATIONAL GOALS AND RESEARCH INTERESTS

Date _____

ODU Student ID Number

 Last Name
 First Name
 Middle Initial

PLEASE TYPE YOUR ESSAY

Please write a brief statement: (1) describing your educational goals and (2) reasons and motivation for pursuing these goals. Please complete up to 98% of the alloted space below.

The information provided here is accurate to the best of my knowledge.

Signature of the applicant:

Date:

7/9

LETTERS OF RECOMMENDATION (Please note: Two letters of recommendation are required)

To be completed by a professor or research mentor from the Colleges of Engineering, Health Sciences, or Sciences, who can give insight to the potential success of the applicant in pursuit of either a Ph.D. or a Ph.D./M.D. degree, or a biomedical Ph.D. degree-seeking research career.

Please e-mail your recommendation to Prof. Alvin Holder, Director, U-RISE Program at e-mail: aholder@odu.edu.

Applicant's Name:

- 1. How do you know the applicant?
- 2. Please describe the characteristics which make this student an outstanding candidate for ODU's U-RISE Program - a program dedicated to the preparation of underrepresented undergraduates for Ph.D. programs and research careers in the Biomedical Sciences. (Please attach the evaluation on your stationery.)

For more information about the U-RISE traineeship program, please see: https://nigms.nih.gov/training/RISE/Pages/U-RISE-T34.aspx

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| Your Name: | Title: |
|-------------|-------------------|
| Department: | Institution: |
| Address: | |
| Signature: | Telephone Number: |

THANK YOU FOR YOUR SUPPORT OF THE U-RISE PROGRAM AT ODU.

ODU M-MARC U-RISE PROGRAM

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