**Medical Student Training in Aging Research (MSTAR) Program**

**2021 National Training Center Application**

**Instruction Page**

***EXCLUDE this page when PDF your application***

This application is unique to the MSTAR program at the National Training Center at the University of North Carolina Chapel Hill. Though there is overlap with other NTCs, this site does not accept any other application, nor can this application be used at any other MSTAR site.

UNC CH MSTAR requires you to contact the training center program coordinator to discuss your interest in the program, potential research interests and potential mentors prior to submitting your application. Links to the UNC MSTAR website and contact information can be found [here](http://www.afar.org/research/funding/training-centers-and-schools#NTC).

**There are three main parts to this application:**

**1.) Applicant Form**

**2.) Faculty Sponsor or Mentor Form**

*Note: non UNC-CH applicants must have a faculty sponsor from their institution, preferably in Geriatrics. Don’t have Geriatrics? Find faculty who include older adults in their research who can connect you with any additional aging-related learning opportunities, like speakers/talks and other researchers at your institution or beyond. Allign yourself with a sponsor who will provide you with learning opportunities beyond what your curriculum offers.*

**3.) Faculty Sponsor or Mentor Biosketch (a CV as a substitute is not allowed)**

*Note: Biosketches are used by all researchers who apply for NIH grant funds. If your faculty sponsor does not have one, they are required to create one for this application.* ***a CV as a substitute is not allowed and will disqualify your application.*** *The final page of this application is a biosketch template.*

The application must be submitted by email to mstar@med.unc.edu no later than **January 22, 2020, at 11:59 p.m. EST. The application should be sent as a single PDF file, not to exceed 5 MB, and must include 3 items: application form, home institution faculty sponsor form and faculty NIH-style biosketch.** Submit only the required three parts of the application listed above. Submissions that are late incomplete, or do not adhere to the instructions will NOT be accepted.

The application file should be named as follows: “Last name, First name\_MSTAR Application”; for example “Smith, John\_MSTAR Application”.

**MSTAR Program UNC Chapel Hill NTC Applicant Form**

The University of North Carolina at Chapel Hill is committed to providing an inclusive and welcoming environment for all members of our community and to ensuring that educational and employment decisions are based on individuals’ abilities and qualifications. Consistent with this principle and applicable laws, it is therefore the University's policy not to discriminate in offering access to its educational programs and activities or with respect to employment terms and conditions on the basis of race, color, gender, national origin, age, religion, creed, genetic information, disability, veteran's status, sexual orientation, gender identity or gender expression. Such a policy ensures that only relevant factors are considered and that equitable and consistent standards of conduct and performance are applied.

The University of North Carolina at Chapel Hill ensures that no qualified person shall by reason of a disability be denied access to, participation in, or the benefits of, any program or activity operated by the University. Each qualified person shall receive reasonable accommodations to ensure equal access to educational opportunities, programs, and activities in the most integrated setting appropriate.

***All fields are required unless (optional) is indicated.***

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| --- | --- |
| Full Name of applicant (including full middle):    If no middle name indicate here:  Preferred first name (optional):  Gender:    Preferred Pronouns (optional):  Applicant’s home institution: | Date of birth (MM-DD-YY):  MD expected in (enter year):  Race/ethnicity (optional):  Accommodation Needed (optional. Yes/No):    *The program coordinator is an active partner with the UNC-CH Equal Opportunity and Compliance office! Let us know now so our coordinator can follow up with you upon acceptance. All buses, university, on campus apartments and town are fully accessible.* |
| Current Mailing Address:    Cell Phone Number:  Preferred Primary Email Address: | Permanent Mailing Address:    Alternate Telephone:  Permanent (NON-Med School) Email: |
| **(Non UNC-CH Applicants Only)**  **Home Institution Faculty Sponsor(s)** Name, Title, Institution, Mailing Address, Telephone, and Email: | **(UNC-CH Applicant Only)**  **Research Mentor(s)** Name, Title, Institution, Mailing Address, Telephone, and Email: |

**SECTION 1: EDUCATIONAL HISTORY**

Please account for your career since high school. If your entire career cannot be addressed in this section (for example, if you decided to take a year off after graduation from undergraduate school), please mention this in your personal statement.

**Current Medical School:**

Institution:

Month/Year started:

GPA:       Pass/Fail:       MCAT Score:

**Previous graduate or professional schools:**

Please begin with the most recent and list the dates as MM/YY to MM/YY.

Institution #1:       Degree:       Pass/Fail:

Dates attended:       Major:       GPA:

Institution #2:       Degree:       Pass/Fail:

Dates attended:       Major:       GPA:

Institution #3:       Degree:       Pass/Fail:

Dates attended:       Major:       GPA:

**Undergraduate schools attended (begin with most recent):**

Institution #1:       Degree:

Dates attended:       Major:       GPA:

Institution #2:       Degree:

Dates attended:       Major:       GPA:

Institution #3:       Degree:

Dates attended:       Major:       GPA:

**Honors and Awards in Undergraduate/Graduate Schools *(begin with most recent)***

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**Extracurricular, community, and avocation activities *(begin with most recent)***

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**Courses in geriatrics/gerontology or those relating to aging *(begin with most recent)***

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**Other experiences in geriatrics/gerontology or those relating to aging *(begin with most recent)***

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**Research experience (aging-related and non-aging related)** *Please note we accept applicants with a diverse range of research experience, including those who have not had a research experience.*

**\*Please format each experience per the example:**

***Sept 2017-May 2018 Experience Title (part time or full time)***

*Project and responsibilities:*

*Research skills and processes acquired:*

***(begin with most recent)***

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**How much cumulative FULL-TIME research experience, in months, do you have?** (Required: convert part-time experience - e.g., 15 hours/week for 8 months = 3 months)

**SECTION 2: PERSONAL STATEMENTS & RESEARCH INTERESTS**

*Note: At this point in your medical education we do not expect you to know what area of medicine you will pursue or if you will pursue geriatrics. In the questions below you are not being asked to express an undue interest in aging/older adults (65 and older), but simply to write about your authentic experiences and perceptions. We want to understand your thoughts and what you would like to gain by participating in a summer of aging research. Additionally we do look at the logic, organization and progression of thought in your writing. You are not evaluated on length. Be clear and concise*

*Aging research is broad. Any research that includes older adults over 65 or their data qualifies. Studies including other age groups, including 65+, qualify. Aging research in basic science, biomedical or health science should advance medical knowledge in a area impacting older adults.*

**STATEMENT ONE: Please describe a personal or professional experience that influenced or reshaped how you think about older adults over 65 and their health?** (**650 words**).

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**STATEMENT TWO: What are you hoping to experience, learn and gain overall from 8 to 10 weeks working with a notable aging research mentor and conducting aging research?** (**maximum of 650 words**).

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**STATEMENT THREE: What are your thoughts on research and aging research and how do they relate to your professional experience, interests and goals?** (**maximum of 650 words**).

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**SECTION 3: TRAINING CENTER**

*PLEASE NOTE: Travel to/from UNC-Chapel Hill is not paid for by the program. This grant program pays a living stipend during the time you are conducting research, and for work with mentors and coauthors on the manuscript, poster and preconference preparation. When there is a demonstraited financial need (page 1 accomondation) accommodations are possible.*

What types of research are you open to working on with a mentor and research team this summer?

Basic:  Biomedical:  Clinical:  Health Services:  Translational:  Medical Education:

List research type by order of preference:

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| --- |
| **1.** |
| **2.** |
| **3.** |

It is important to us that we match applicants with mentors in their greatest area of interest whenever possible. With that in mind, please describe your top THREE areas of interest in which you would like to conduct research. This can include any area in medicine, specific medical conditions, sports and mobility, medical education, genomics, biomarkers, or areas such as advanced imaging. Being uncertain is not a problem, just state that you are flexible in this area.

List research areas or topics of interest by order of preference:

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| --- |
| **1.** |
| **2.** |
| **3.** |

**SECTION 4: AGREEMENTS**

I have an interest in learning about research as it relates to and includes adults over 65, or in research advancing medicine impacting adults over the age of 65. YES:  NO:

I understand The UNC Chapel Hill MSTAR program requires I fulfill a minimum of 8 weeks of aging (40 hours a week) research totaling 320 research hours ***on campus***. YES:  NO:

Please list the earliest date you can start the MSTAR program:

Please list the latest date by which you need to complete the program:

We make accommodations for vacation or other events upon request and with approval to ensure your minimum hours are achieved. Do you anticipate any particular scheduling needs during the summer? Please describe:

Are you a former recipient of this award?  Yes  No

How did you hear about this scholarship program?

**Please enter your initials for each statement to indicate your understanding and agreement.**

Initials:

Initials:

Initials:

Initials:

Initials:

Initials:

I affirm that I will have completed at least one year of study at a school of medicine or osteopathy prior to the start of the MSTAR Summer Program

I affirm that I am a citizen, non-citizen national, or permanent resident alien of the United States.

I understand that my application will not be considered complete until it includes either a Home Institution Faculty Sponsor plan or a mentor plan, and their NIH-style biographical sketch.

I agree to commit a minimum of **8** weeks (or 2 months, as appropriate) for 40 hours a week to the program, for a total of 320 work hours on campus at UNC Chapel Hill. (if virtual due to COVID it is still 40 hours a week)

I understand that all of the information that I have provided will be verified as a normal part of the application process and that any application which contains falsehoods will be immediately

disqualified and my institution notified of the irregularities.

I certify that, to the best of my knowledge and belief, all of my statements made in this application and to persons who contact me about this application, are true and made in good faith.

**Medical Student Training in Aging Research (MSTAR) Program**

**UNC Chapel Hill National Training Center *Sponsor / Mentor Form***

*If you are a non-UNC Chapel Hill applicant, please have your faculty sponsor from your institution fill out this section of the application and return to you upon completion. If you are a UNC-Chapel Hill student please have the prospective research mentor you would like to work with fill out this form and return to you upon completion. All applicants must submit a final PDF containing all three sections.*

Thank you for agreeing to serve as a Home Institution Faculty Sponsor (HIFS) for your MSTAR applicant. This form will allow the National Training Center(s) to learn more about your relationship with the applicant and how you plan to help further the applicant’s career in aging research and geriatrics**.**

**If you are the Home Institution Faculty Sponsor for more than one student,** **this form should be personalized for each applicant.** Please email the completed form in PDF format directly to the applicant so he/she can include it with his/her application before the **January 24, 2020 deadline**.

***Part 1***

**Name:**

**Title:**

**Institution:**

**Email Address:**

**Phone:**

**Applicant’s Name:**

***Part 2***

**Mentoring Plan (Use as much space as needed for each section.)**

1. Please describe your relationship to the applicant and reasons for recommending him/her for participation in this program. Include any demonstrated interest that the applicant has shown in geriatrics and/or aging research, or in research in general and why you feel he/she would be a good candidate for the MSTAR program.
2. Please provide a brief description of the Home Institution resources and facilities which will be available to the applicant to further any geriatrics, aging, aging research or other research should they express an ongoing interest to continue and expand upon their experience and knowledge.
3. Please describe your current and future plans to encourage and expand the applicant’s interest in aging research after the end of the project period.

***Part 3:*** Please attach a recent version of your NIH-style biosketch. A blank template is on the following page. If you would like to access NIH instructions, please visit: <https://grants.nih.gov/grants/forms/biosketch.htm>

OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**