

Instructions and Statements

Medical Student Training in Aging Research (MSTAR) Program 2026 National Training Center Application Instruction Page

Saving and Returning to Your Application:

You can actively work on your application over time **by using the same browser and device**. You may exit your application at any point as the data is saved in real time as you enter it.

Application Deadline is January 19, 2026, at 8:00 a.m. EST:

Applications that are late, incomplete, or do not adhere to the instructions will NOT be accepted. A complete application must include a single PDF upload named "Your Last Name, Your First Name_MSTAR Application Upload". This PDF must contain the sections below *if applicable*:

1. Applicant Resume/CV (**required*)
2. Letter of Good Standing from the Dean of Student Affairs on institutional letterhead (**required*)
3. Letter of Recommendation from Home Institution Faculty Mentor (**required*)
4. Faculty Research Mentor Form (**if pre-match is complete*)
5. Mentor's NIH-style Biosketch (**if pre-match is complete*)

You may contact mstar@med.unc.edu if you have any questions or are having any trouble with the application.

Are you a former recipient of MSTAR through a National Training Center?

- ☐ Yes
- ☐ No

Are you enrolled at UNC-CH's School of Medicine?

☐ Yes

☐ No

How did you hear about the MSTAR program at UNC-Chapel Hill?

Other: Please list

Please enter information about yourself below:

What is your name

First name

Middle name (leave blank if N/A)

Last name

Preferred first name, if different than legal first name (optional)

Applicant Information

Please select which medical school you attend.

State/Territory

Allopathic or Osteopathic

Medical School

Please enter your medical school below.

Please enter the month and year you began medical school and your expected graduation year.

Month you began medical school (MM)

Year you began medical school (YYYY)

Expected graduation year (YYYY)

Date of birth (MM-DD-YYYY):

Current Mailing Address

Address Line 1

Address Line 2

City

State

Zip/Postal Code

Permanent Mailing Address

Address Line 1

Address Line 2

City

State

Zip/Postal Code

Cell Phone Number

Alternate Telephone

Preferred Primary Email Address

Permanent (NON-Med School) Email

Mentor information

Have you been matched with a UNC mentor?

- ☐ Yes
- ☐ No
- ☐ In Progress

Please enter information about your UNC mentor below.

Mentor Name

Mentor Title

Mentor e-mail address

SECTION 1: EDUCATIONAL HISTORY

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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. Please list in reverse chronological order.

Undergraduate Institution #1:

Institution name:

Attendance start year:

Attendance end year:

Degree:

Major:

GPA:

Do you have another undergraduate institution to enter?

- ☐ Yes
☐ No

Undergraduate Institution #2:

Institution name:

Attendance start year:

Attendance end year:

Degree:

Major:

GPA:

Do you have another undergraduate institution to enter?

- ☐ Yes
☐ No

Undergraduate Institution #3:

Institution name:

Attendance start year:

Attendance end year:

Degree:

Major:

GPA:

Have you attended a graduate or professional school other than your current medical school?

☐ Yes☐ No

Previous graduate or professional schools **(Do not enter your current medical college):**

Please begin with the most recent.

Graduate Institution #1:

Institution name:

Attendance start year:

Attendance end year

Degree:

Major:

GPA:

Pass/Fail:

Do you have another graduate or professional school to enter?

☐ Yes☐ No

Graduate Institution #2:

Institution name:

Attendance start year:

Attendance end year

Degree:

Major:

GPA:

Pass/Fail:

Do you have another graduate or professional school to enter?

☐ Yes

☐ No

Graduate Institution #3:

Institution name:

Attendance start year:

Attendance end year:

Degree:

Major:

GPA:

Pass/Fail:

SECTION 2: COURSEWORK, EXPERIENCES AND RESEARCH EXPERIENCE

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Prior education in geriatrics/aging is not required for acceptance; the questions below will help us plan for potential supplemental professional development opportunities.

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

Other experiences in geriatrics/gerontology or those relating to aging. This can include work, personal caregiving, and personal experiences or volunteering to work with or helping older adults (ages 65 and over) begin with most recent:

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. Begin with the most recent.

Please indicate if you have any previous research experience.

- ☐ Yes. I will enter details below.
- ☐ I have no previous research experience.

Most recent research experience:

Start date (mm/yyyy):

End date (mm/yyyy):

Experience Title:

Project and responsibilities:

Research skills and processes acquired:

Full or part time?

Do you have more research experience to enter?

☐ Yes

☐ No

Research experience 2:

Start date (mm/yyyy):

End date (mm/yyyy):

Experience Title:

Project and responsibilities:

Research skills and processes acquired:

Full or part time?

Do you have more research experience to enter?

☐ Yes

☐ No

Research experience 3:

Start date (mm/yyyy):

End date (mm/yyyy):

Experience Title:

Project and responsibilities:

Research skills and processes acquired:

Full or part time?

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

SECTION 3: PERSONAL STATEMENTS & RESEARCH INTERESTS

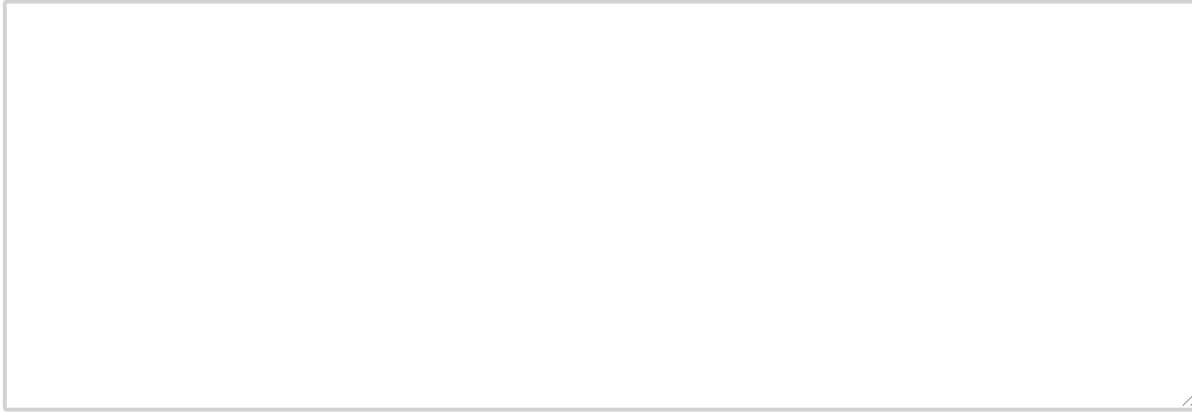
SECTION 3: PERSONAL STATEMENTS & RESEARCH INTERESTS

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 that include participants who are younger than 65 along with those 65+ qualify as aging research. Aging research in basic science, biomedical or health science should advance medical knowledge in an area impacting older adults.

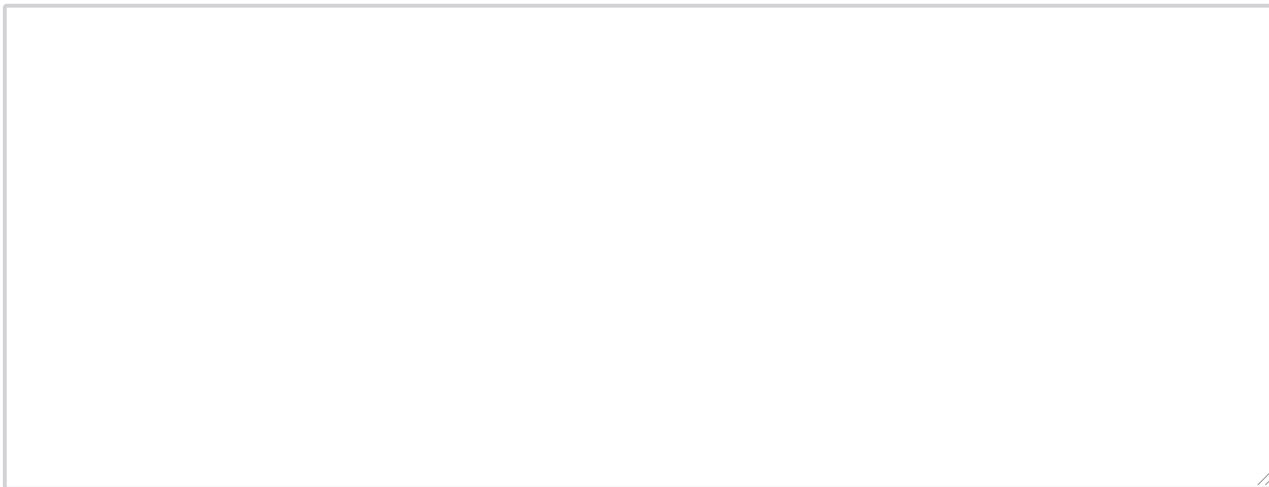
STATEMENT ONE: Please describe a personal or professional experience that influenced or reshaped how you think about older adults over 65 and their health? (max. 500 words).

Your word count is: 0

A large, empty rectangular text box with a thin gray border, intended for the user's response to Statement One.

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? (max. 500 words).

Your word count is: 0

A large, empty rectangular text box with a thin gray border, intended for the user's response to Statement Two.

STATEMENT THREE: How will your summer experience with aging and research contribute to your short-term and long-term professional career goals? (max. 500 words).

Your word count is: 0

SECTION4: DEMOGRAPHICS

SECTION 4: HELPING THE NATIONAL INSTITUTE ON AGING (NIA) AND THE NATIONAL INSTITUTES OF HEALTH (NIH) UNDERSTAND IMPACT

To support students in the challenging goal of advancing in medical research, the National Institute for Aging (NIA) established a path for successful advancement in research by enabling students to incorporate a sequence of research training programs and grants at each education and career level. [MSTAR](#) is an entry level program in this sequence.

To further equitable inclusion of historically underserved populations and to ensure progress towards the goals of [eliminating health disparities and advancing health equity](#), the NIA gathers demographic data through its programs. These data help NIA understand who is interested in research and applying to its training programs. They also allow NIA to evaluate how equitably its programs affect the advancement of research trainees across stages of their career and education.

This information also enables the National Institutes of Health to justify approval for renewed funding to the US House of Representatives and the US Senate, without which research training programs would not exist. (<https://www.aip.org/fyi/2021/final-fy21-appropriations-national-institutes-health>)

Therefore, we are respectfully requesting your voluntary participation in providing the data below. It empowers you to ensure we are accountable to every applicant and it is how you can help the NIA to understand impact, make changes, and ensure they can continue to offer equitable training and career advancement opportunities.

What is your current gender identity?

- ☐ Male
- ☐ Female

- ☐ Transgender/Nonbinary/Another gender
- ☐ Prefer not to respond

Are you Hispanic or Latino?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

With which racial groups do you identify? (Please check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Prefer not to answer

Socioeconomic Background (birth to present)

NOTE: This information is important because socioeconomic status is directly associated with inequalities across a range of areas which reduce access to opportunities over time and can impede advancement. The NIA asks for this information not only to ensure programs reflect their values, but also to understand how the program benefits you across your medical education and career.

DO NOT AUTOMATICALLY ASSUME THIS DOES NOT APPLY TO YOU

Please indicate how many of the following have ever applied to you:

- Were without a home at any point in life
- Were in the foster care system at any point up to age 18
- Were eligible for Federal Free and Reduced Lunch Program for two or more years
- Have had no parents or legal guardians who completed a bachelor's degree
- Were or are currently eligible for Federal Pell grants

- Received support from Special Supplemental Nutrition Program for Women
- Received support from Special Supplemental Nutrition Program for Infants and Children (WIC)
- Previously lived in an area eligible for a federal Rural Health Grant. ([Check Here](#))

☐ 0 or 1 of these apply

☐ 2 or more apply

Americans with Disabilities Act (ADA)

NOTE: Today what constitutes whether or not the ADA applies to an individual is encompassing of a large range of conditions, if they substantially limit one or more major life activities in an ongoing, intermittent, or short-term way. Most people who have qualifying condition(s) are unaware that ADA applies to them for establishing reasonable accommodations with schools or workplaces.

Please review the [list of qualifying conditions](#) before responding to this item.

☐ Yes, ADA applies

☐ No, ADA does not apply

File upload

Next you will be asked to upload a single PDF of all of the documents that are required with this application. If you are not sure how to combine separate documents into a single PDF file, this [video](#) provides instructions.

Please upload a single PDF below.

Please name your document as follows: "Your Last Name, Your First Name_MSTAR Application Upload". This PDF must contain the sections below if applicable:*

1. Applicant Resume/CV (*required)
2. Letter of Good Standing (*required)
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5. Mentor's NIH-style Biosketch (*if pre-match is complete)

SECTION 5: AGREEMENTS

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

I affirm that I will have completed one year of study at a school of medicine or osteopathy prior to the start of the MSTAR Summer Program and that I have submitted a letter verifying my academic standing. *(Initial below)*

I affirm that I am a citizen, non-citizen national, or permanent resident alien of the United States. *(Select below)*

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

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 in North Carolina. *(Initial below)*

Per the federal requirements of the NIA/NIH, I agree that I understand my participation in this program does not qualify for any concurrent research requirements at my home institution. *(Initial below)*

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. *(Initial below)*

Application Submission

If you are satisfied your application is complete you may now select submit. You may contact mstar@med.unc.edu if you are having any trouble with the application.

Please be aware that once you select submit you will no longer be able to return to your UNC-CH MSTAR application.

☐ I affirm that I have completed all sections of this application

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