UNC Center of Excellence for Eating Disorders

University of North Carolina at Chapel Hill

Summer Research Fellowship Application

Before completing this application, please be sure to read the information on our website regarding available trainee opportunities. Be sure to note time commitments and other requirements of the summer fellowship:

[**https://www.med.unc.edu/psych/eatingdisorders/**](https://www.med.unc.edu/psych/eatingdisorders/)

**Instructions:** Your application for the summer research fellowship should include the following:

* Completed copy of this application form
* Letter of Recommendation (1)
* Curriculum Vitae
* Academic Transcript

All materials are to be submitted via email to the Center’s administrative assistant, Angela Carlton-Campbell [Angela.Carlton-Campbell@unchealth.unc.edu](mailto:Angela.Carlton-Campbell@unchealth.unc.edu) ***ALL application materials are due by February 15 to be considered for summer research fellowship positions***. Please review the following instructions for saving and sending your application materials.

**Application Form**: Please save as *LastName\_Date\_UNC\_FellowshipApplication.doc* and send via email.

**CV:** Please save as *LastName\_Date\_UNC\_FellowshipCV.doc* and send via email with your application.

**Transcript:** Please save as *LastName\_Date\_UNC\_FellowshipTranscript.doc* and send via email with your application.

**Letter of Recommendation:** Please have saved as *YourLastName\_Date\_UNC\_FellowshipLetter.doc*. One current or former faculty member or research supervisor who is familiar with your experience and work should provide a letter of recommendation. They can send their letter of recommendation directly to Ms. Carlton-Campbell via email.

**Personal Information:**

Name:         Date:

Email:        Phone:

**Educational Information:**

University Currently Attending or Graduated from:

Select One: *Undergraduate Student* *Postbac* *Graduate Student*

Year in Program:        Anticipated Graduation Date:

Concentration/Degree Pursuing:

Previous Education/Degrees Completed:

**Recommender Information:**

Name:         Position:

Email:        Phone:

**Please respond to the following questions to tell us more about your interest in the Center of Excellence for Eating Disorders Summer Research Fellowship:**

Statement of eligibility (first generation college student, DACA, underrepresented minority):

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Tell us a bit more about your decision to apply to work at CEED this summer:

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Why are you interested in eating disorders research?

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What makes you interested in working at CEED specifically?

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Are there specific experiences that you hope to have or skills you hope to gain while working at CEED?

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Describe any previous research experience you have had:

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Describe your experience with conducting statistical analyses and your familiarity with statistical analysis software:

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Describe any experience you’ve had working with research study data (e.g., data management):

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Describe any previous experience you may have in scientific manuscript writing:

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What additional skills, experiences, or qualifications do you have that would make you an ideal candidate for the Summer Research Fellowship?

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What are your future career plans or goals, and how would this research training opportunity assist you in working toward those goals?

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Please list any experiences, if applicable, that you may have had within the eating disorder field:

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Are there specific research projects at CEED you are specifically interested in working on? Are there specific faculty you are interested in working with (please note only research faculty work with summer fellows and not all faculty are available to mentor summer fellows. Please review our website to see our research faculty bios.)? Why?

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Thank you for applying. We will contact you for an interview if you are selected for the second round of the application process.