**The Greater Boston Medical Student Training in Aging Research (MSTAR) Scholars Program at Harvard Medical School**

**National Training Center Application Form**

**2021 Application Instructions**

**DO NOT INCLUDE this instruction sheet with your application!**

**COVID-19 update: We are planning for the 2021 program to be completely remote based on current Harvard Medical School guidance.**

Please carefully read the eligibility guidelines on the American Federation for Aging Research (AFAR) website <http://www.afar.org/research/funding/mstar/> and the program outline and specific requirements for the [Greater Boston Medical Student Training in Aging Research (MSTAR) Scholars Program at Harvard Medical School Program](https://www.afar.org/docs/Program_Description_for_Greater_Boston_MSTAR_at_Harvard_Medical_School.pdf) before completing this application. If you are interested in applying to the MSTAR Scholars Program you must contact the program administrator, Leslie Power, at [BostonMSTAR@bwh.harvard.edu](mailto:BostonMSTAR@bwh.harvard.edu) with a brief letter of introduction and intent to apply. Links to other MSTAR national training websites and contact information can be found [here](http://www.afar.org/research/funding/training-centers-and-schools#NTC).

The application and supporting materials are divided into two segments, see below

|  |  |  |
| --- | --- | --- |
| **Person** | **Materials** | **Method of Submission** |
| *Applicant* | 1. Application Form | Applicant emails a single PDF containing all segments in order to [BostonMSTAR@bwh.harvard.edu](mailto:BostonMSTAR@bwh.harvard.edu) |
| *Home Institution Faculty Sponsor(s)* | 1. Home Institution Faculty Sponsor Form with optional NIH-Style Biosketch |

The application must be submitted by email to [BostonMSTAR@bwh.harvard.edu](mailto:BostonMSTAR@bwh.harvard.edu) during our application window which begins on **November 23, 2020 and ends on** **January 15, 2021, at 5:00 p.m., EST. The application should be sent as a single PDF file. Incomplete applications will not be reviewed.** The file may **not** include any additional documents; please submit **only** the required materials. Late submissions or submissions that do not adhere to the instructions will NOT be accepted.

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

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

**National Training Center Application Form**

|  |  |
| --- | --- |
| Name of applicant:    Preferred first name (optional):    Applicant’s home institution: | Gender:  Date of birth (MM-DD-YY):  MD expected in (enter year):  Race/ethnicity (optional): |
| Current Address, Telephone, and Email Address of Applicant: | Permanent Address, Telephone, and Email, if different from current: |
| **Home Institution Faculty Sponsor(s)** Name, Title, Institution, Complete Mailing Address, Telephone, and Email: | **(Optional) Research Mentor(s)** Name, Title, Institution, Complete 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, if known:       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:

Dates attended:       Major:       GPA:

Institution #2:       Degree:

Dates attended:       Major:       GPA:

Institution #3:       Degree:

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**

|  |
| --- |
|  |

**Extracurricular, community, and avocation activities**

|  |
| --- |
|  |

**Courses or other experiences in geriatrics/gerontology**

|  |
| --- |
|  |

**Research experience (aging-related and/or non-aging related)**

|  |
| --- |
|  |

SECTION 2: PERSONAL STATEMENT & RESEARCH INTERESTS

**PERSONAL STATEMENT**

Please describe your past experience, expectations for the program, future goals, and other important information you would like to convey to the review committee. The personal statement should address your interest in geriatrics or aging research, discuss how this interest is related to the above listed honors, activities and courses, and explain why you are interested in this program in particular. This portion of the application is weighted heavily by the review committee. Please be succinct, but provide enough detail to describe your interest (**maximum of 750 words**).

|  |
| --- |
|  |

SECTION 3: TRAINING CENTER

**PLEASE NOTE: Travel and housing expenses are *not* included in the scholarship. We anticipate being completely remote this year, so no travel will be required.**

**ADDITIONAL INFORMATION**

This year we have a different system for matching students with Harvard mentors. To give us a sense of your interests, we ask you to review the list of potential mentors listed in the Program Description (available on our [website](https://www.brighamandwomens.org/medicine/division-of-aging/for-medical-professionals)) and rank your top three below. If you are coming from one of our four partner institutions (BU, UMass, Mississippi or Brown) and plan to do research with a mentor at your home institution, please list that person’s name below.

|  |
| --- |
|  |

SECTION 4: AGREEMENTS

Please list the earliest date you can start the MSTAR program, and the latest date you can complete the program:

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.**

I affirm that I will have completed at least one year of study at a school of medicine or osteopathy prior to June 2020.

Initials:

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

Initials:

I understand that my application will not be considered complete until it includes a Home Institution Faculty Sponsor plan.

Initials:

I agree to commit a minimum of 2 months (60 consecutive days excluding national holidays) to the Program.

Initials:

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.

Initials:

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.

Initials: