

2019 CAMS Summer Fellowship Scholarship Application Instructions



DEADLINE

The deadline to submit your application and all supplemental materials is **March 31, 2019 11:59 PM EST.**

ELIGIBILITY

The scholarship is open to all first, second, or third year medical or dental students who are in good standing at an accredited US medical or dental school in the USA at the time of application. Students that have just been accepted into medical or dental school at the time of application are not eligible to apply for this year's scholarship.

PURPOSE

To promote and support clinical and basic science research among Chinese American medical & dental students

CRITERIA

The projects must last a minimum of 8 weeks and a maximum of 10 weeks. Projects lasting for more than 10 weeks will not be considered for scholarship. The project can be either basic science or clinical research. A physician or dentist must sponsor and supervise the project. Special consideration will be given to projects involving Chinese American health issues. Applicants that are selected to receive a Summer Research Fellowship Scholarship are required to submit a written report to the Scholarship & Research Committee at the completion of their project. Anyone selected for a Summer Research Fellowship Scholarship will be required to submit an abstract of their work by August 31, 2019 and are expected to make a 10 minute oral presentation at the CAMS Annual Scientific Meeting Saturday November 2, 2019 in NYC.

STIPEND

Students will be paid a stipend of \$400 per week for up to 10 weeks. Research support and expenses are the responsibility of the sponsor.

FORMAT

All supporting documents submitted directly from the applicant should be typed single space in Times New Roman Font Size 12. Page Margins should be 1" for top, bottom, left and right margins.
Please do not use page borders or text boxes

SUBMISSION

BY EMAIL

Email is the preferred method of submission for applications. The committee asks that all applications and supporting materials be sent as a single PDF File and emailed to scholarship@camsociety.org

The file name for all applications submitted should be:

Applicant's Last Name, Applicant's First Name CAMS Fellowship2019.pdf

Please include the applicant's **full name and Summer Fellowship 2019** in the Subject Line the email when submitting the application.

Questions?

Please contact the CAMS Office at (212) 334-4760 with any questions relating to the CAMS Summer Research Fellowship Application.

2019 CAMS Summer Fellowship Award Application Checklist



Required Documents Checklist

- 1. CAMS Summer Research Fellowship Award Application
- 2. Project Description (*Maximum of 5 Pages*)

The Project Description must include the following information:

- A. Summary/Background
 - B. Hypothesis
 - C. Specific Aims
 - D. Methods
 - E. Analysis Plan
 - F. Your Specific Role/Duties in the Project
 - G. Will you be receiving any additional funding for this project?
 - H. Any additional information that might be relevant to this project
- 3. A maximum of one page timeline for the work that you will personally complete in the 8 to 10 weeks.
 - 4. Applicant's current Curriculum Vitae. Please include education and employment.
 - 5. A letter from the Applicant's Supervising Investigator supporting the research project.*
 - 6. A letter from the Dean of Students or Registrar's Office verifying that the applicant is a full time student in good standing.*

**Please be advised that all letters of recommendation should be on official letterhead and accompanied by an actual signature.*

Any letters received not on letterhead and/or without a signature will not be accepted.

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PART A: APPLICANT'S INFORMATION

Mr. Miss Ms. Mrs. Other

Last Name _____
Middle Initial _____
Home Address _____
Mailing Address _____
Mailing Address Effective Date From: _____
Phone Number _____
Date of Birth _____

First Name _____
Chinese Name (If applicable) _____
City, State ZIP _____
City, State ZIP _____
Mailing Address Effective Date Til: _____
Email _____

PART B: EDUCATION

MS1 MS2 MS3

Medical/Dental School _____
School Address _____

Anticipated Date of Graduation _____
City, State ZIP _____

Graduate School _____
School Address _____
Degree Earned _____

City, State ZIP _____
Date of Graduation _____

Undergraduate College _____
School Address _____
Degree Earned _____

City, State ZIP _____
Date of Graduation _____

High School _____
School Address _____
Date of Graduation _____

City, State ZIP _____

PART C: PROJECT INFORMATION

Project Title: _____

Length of Project _____

Start Date: _____

End Date: _____

Supervising Investigator _____

Title: _____

School/Institution _____

School Address _____

City, State ZIP _____

Phone Number _____

E-mail _____

PART F: SIGNATURE

I certify that the information provided on this form is true to the best of my knowledge. And I understand that if selected I will be required to submit a letter to the committee, co-signed by my supervising investigator verifying the amount of time spent on the project. I will also submit a written summary of my research to the CAMS Scholarship & Research Committees. I also understand that I will be required to submit an abstract of my work to the Research Committee I am expected to present my work at the CAMS 2019 Annual Scientific Conference on Saturday November 2, 2019 at Pier 60 Chelsea Piers, New York, NY.

Signature _____

Date _____