

Mississippi Valley State University
The Bioinformatics STEM-U-late Institute
July 5 - August 2, 2019

Personal Information

Name: _____
Last First Middle

Present Address: _____
Street Address or Postal Address

City State Zip Code

Permanent Address: _____
Street Address or Postal Address

City State Zip Code

Telephone Numbers: _____
Permanent Cell Temporary

Email address: _____ Date of Birth: _____ SSN: _____

Option Information:

Gender: Male Female Citizenship: _____ If not U.S., visa type: _____

Do you consider yourself a minority? Yes No If yes, which minority group? _____

Do you have any limiting or mental health conditions that should be considered for the purpose of accommodating living or working conditions? Yes No

Please explain: _____

Are you a first generation college student? Yes No Are you from an economically disadvantaged background? Yes No

Education (You must submit official transcripts from all colleges you have attended including the Fall 2015 semester.)

Present College/University: _____ City: _____ State: _____

Dates of enrollment: _____ Current classification (i.e, Soph, Jr, Sr.): _____

Major: _____ Minor: _____ Current cumulative GPA: _____ Degree & date (month/year) expected: _____

List any relevant scholarships, awards & honors: _____

Career Goals

Post-baccalaureate interest (MS, PhD, MD, PhD/PhD, Other): _____

Statement of career objectives (500 words max):

Letters of Recommendation

Two letters of recommendation are required. Both letters should be from faculty members at your school or a researcher. If you have prior research experience, please list the research mentor as a reference. Each of your letters of recommendation should be submitted to The Bioinformatics Summer Institute from each individual, not the applicant.

Reference 1

_____		_____	
Name		University	
_____		_____	
Department		Address	
_____	_____	_____	_____
City	State	Zip	Telephone

Reference 2

_____		_____	
Name		University/Organization	
_____		_____	
Department		Address	
_____	_____	_____	_____
City	State	Zip	Telephone

Research and Training Experience

Have you previously participated in a research training program? Yes No

If yes, list the site(s) and name(s) of program(s).

If you have not had the opportunity to participate in research, in 500 words, explain how participation in the Bioinformatics Summer Institute would benefit you.

Parents' Information

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Please Forward:

- 1. Current resume
- 2. Official college transcript(s).
- 3. Letters of recommendation
- 4. Proof of health insurance

Certification:

"I certify that the information submitted in this application is complete and correct to the best of my knowledge."

Signature Field _____ Date _____

This program is funded by a Congressionally Directed Grant through the United States Department of Education, Award Number P116Z090254.

Return application and all other required application materials no later than March 15, 2018.

**Mail materials to
The Bioinformatics Summer Institute
Mississippi Valley State University
MVSU 7308
14000 Hwy 82 West
Itta Bena, MS 38941**

Application and supporting documents must be postmarked by March 15, 2019.