Mississippi Valley State University
The Bioinformatics STEM-U-late Institute
May 29 - June 28, 2024

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　Yes　No
accommodating living or working conditions?

Please explain:. _____

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

Education (You must submit offical transcripts from all colleges you have attended including the Fall 2023 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 - an instructor, professor, teacher
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 _____

Return application and all other required application materials no later than March 15, 2024.
Mail materials to
The Bioinformatics Summer Institut
e Mississippi Valley State University
MVSU 7305
14000 Hwy 82 West
Itta Bena, MS 38941

Application and supporting documents must be postmarked by March 15, 2024.