

# 2023 CTSI Undergrad Summer Programs Application

Thank you for your interest in Undergraduate Summer Research Programs at the IU School of Medicine sponsored by the Indiana Clinical and Translational Science Institute.

The Indiana CTSI's Undergraduate Summer Internship is designed to provide Indiana University and University of Notre Dame students with experience in translational research and the opportunity to work with Indiana CTSI-affiliated faculty mentors at the IU School of Medicine Indianapolis campus, IUPUI. Student will have the opportunity to interact with medical students, graduate students, and fellow undergraduates from other programs during the summer experience.

Students are selected through a competitive application process. The application for this upcoming summer is now open. The eight week program requires a full time commitment for 40 hours per week. Participating students will receive a stipend. Students from the University of Notre Dame will receive assistance in securing summer housing, when needed.

The application has four sections, with a submit button at the end. You may save the application at any point and return at a later time to complete.

## Section 1: Basic Information

Official LAST NAME. Please provide your LAST NAME as it appears on your social security card, or other similar official documents. If your last name is more than one word, please include it here with with caps, or no caps the way it appears on your documents -example: de la Vega.

---

Official FIRST & MIDDLE NAMES. Please provide your first and middle names the way they appear on your social security card, or other similar official documents.

---

Please enter a primary email address.

---

(Primary email)

Please provide a secondary email address? We will send messages to both emails because some institutions' firewalls block out system-generated emails. Please be checking both over the coming days/months to assure you receive messages from the program.

---

(Secondary email)

Phone number where you are best reached?

---

((###) ###-####)

Date of Birth

---

(MM-DD-YYYY)

Gender

- ☐ Female  
☐ Male  
☐ Non-Binary

Race	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Multi-Racial <input type="radio"/> Unknown (Choose most descriptive option)
Ethnicity	<input type="radio"/> Not Hispanic or Latino <input type="radio"/> Hispanic or Latino <input type="radio"/> Unknown (Choose most descriptive option)
Are you a citizen of the United States?	<input type="radio"/> Yes <input type="radio"/> No
Are you a Permanent Resident of the United States with a Permanent Resident "Green Card" or USCIS Form I-551?	<input type="radio"/> Yes <input type="radio"/> No
Please describe and explain your citizen or immigration status. Please provide sufficient information for program directors to know how to best support you.	_____
Background. Does your background meet the NIH definition of disadvantaged or underrepresented in the biomedical, clinical, behavioral, and social sciences as specified in this NIH notification sections A or C: NIH Diversity	_____
If you have problems accessing this link, feel free to copy and paste full link into a different browser: <a href="https://grants.nih.gov/grants/guide/notice-files/NOT-O D-20-031.html">https://grants.nih.gov/grants/guide/notice-files/NOT-O D-20-031.html</a>	
Background. Does your background meet the NIH definition of disadvantaged or underrepresented in the biomedical, clinical, behavioral, and social sciences as specified in this NIH notification sections A or C: NIH Diversity	<input type="radio"/> No <input type="radio"/> Yes, by race or ethnicity as described in section A <input type="radio"/> Yes, by other factors listed in section C <input type="radio"/> Yes, by other factors and I can provide additional information
If you have problems accessing this link, feel free to copy and paste full link into a different browser: <a href="https://grants.nih.gov/grants/guide/notice-files/NOT-O D-20-031.html">https://grants.nih.gov/grants/guide/notice-files/NOT-O D-20-031.html</a>	
Background Explanation. Please explain how your background meets the NIH definition of disadvantaged or underrepresented in the biomedical, clinical, behavioral, and social sciences as specified in this NIH notification sections A or C: NIH Diversity	_____
If you have problems accessing this link, feel free to copy and paste full link into a different browser: <a href="https://grants.nih.gov/grants/guide/notice-files/NOT-O D-20-031.html">https://grants.nih.gov/grants/guide/notice-files/NOT-O D-20-031.html</a>	

---

Background Explanation. Please explain how your background meets the NIH definition of disadvantaged or underrepresented in the biomedical, clinical, behavioral, and social sciences as specified in this NIH notification sections A or C: NIH Diversity

---

If you have problems accessing this link, feel free to copy and paste full link into a different browser:  
<https://grants.nih.gov/grants/guide/notice-files/NOT-O D-20-031.html>

---

Background Explanation. Please explain how your background meets the NIH definition of disadvantaged or underrepresented in the biomedical, clinical, behavioral, and social sciences as specified in this NIH notification sections A or C: NIH Diversity

---

If you have problems accessing this link, feel free to copy and paste full link into a different browser:  
<https://grants.nih.gov/grants/guide/notice-files/NOT-O D-20-031.html>

**Section 2: Educational Information**

Which college or university do you attend?

- ☐ IUPUI  
☐ Indiana University, Bloomington  
☐ Other IU Campus  
☐ University of Notre Dame

Which Indiana University Campus do you attend?

\_\_\_\_\_

If you have attended another college university,  
please enter institution name and attendance dates

\_\_\_\_\_ (dates)

What year did you graduate from high school?

- ☐ 2022  
☐ 2021  
☐ 2020  
☐ 2019  
☐ 2018  
☐ 2017  
☐ Other

From which high school did you graduate? Please  
provide a) name of high school, b) city, c)  
state.

\_\_\_\_\_

Dual Credit Hours from High School. By the time you  
graduated high school, how many college dual-credit  
hours did you earn?

\_\_\_\_\_

Which option best describes your current educational  
level:

- ☐ Undergraduate Year 1  
☐ Undergraduate Year 2  
☐ Undergraduate Year 3  
☐ Undergraduate Year 4  
☐ Undergraduate Year 5  
☐ Other

Describe your current educational level or grade in  
school

\_\_\_\_\_

As of today, how many credit hours have you  
completed? (If you use academic units or trimester  
hours, please convert to approximate number of  
semester credit hours)

\_\_\_\_\_

GPA. What is your cumulative GPA ?

\_\_\_\_\_

What option best describes when you anticipate  
finishing your bachelor's degree? or did you  
finish already?

- ☐ I already have a Bachelor's Degree  
☐ Spring 2023  
☐ Spring 2024  
☐ Spring 2025  
☐ Spring 2026  
☐ Other

---

As of now, which degree will you most likely pursue after you finish your bachelor's degree:

- ☐ Nursing or Nurse Practitioner
- ☐ Physician Assistant (PA)
- ☐ Physical or Occupational Therapy
- ☐ Pharmacy (DPharm or other)
- ☐ Dentistry DDS or DMD
- ☐ PhD in Biomedical Science
- ☐ PhD in Biomedical Engineering
- ☐ PhD in Other field
- ☐ MD/DO Medical Degree
- ☐ MD-PhD Combined Program
- ☐ No further degree plans for now
- ☐ Other Degree

---

Describe the degree you plan to pursue or other plans you have after your bachelor's degree

---

### Section 3: Research experiences

Interest and Perceived Benefit: Elaborate on why you are interested in the summer research program/s and how you feel it would benefit your personal educational and career goals. \*If you are attaching a personal statement you can simply enter "See Personal statement" in this box.

---

Prior Program Participation. Which option best describes your participation in IUPUI / IU School of Medicine Outreach Programs?

- ☐ I have NOT previously participated in programs at IUPUI/IUSM
- ☐ I have participated in programs at IUPUI/IUSM BOTH as an UNDERGRADUATE and as a HIGH SCHOOL student
- ☐ I have participated in programs at IUPUI/IUSM as a an UNDERGRADUATE Student
- ☐ I have participated in programs at IUPUI/IUSM as a a HIGH SCHOOL student

Select all IUSM / IUPUI programs in which you have participated as an undergraduate student

- ☐ (IU SCCC SRP) IU Simon Comprehensive Cancer Center Summer Research Program
- ☐ (HBWC SIP) Herman B Wells Center Summer Internship Program
- ☐ (MPESC-Prep) Medical Physicians, Engineers, Scientists, and Clinicians Preparatory Program
- ☐ (Pre-MSTP) Prospective Physician Scientists and Physician Engineers Preparatory Program
- ☐ (MNU-SRP) Medical Neurosciences Undergraduate Summer Research Program
- ☐ (ICU-SRP) Indiana CTSI Undergraduate Summer Research Program
- ☐ (IUPUI - MURI) Multidisciplinary Undergraduate Research Institute (MURI)
- ☐ (IUPUI-LHSI) Life Health Sciences Internship Program
- ☐ (IUPUI - DSRP) Diversity Research Scholars
- ☐ (IUPUI - REU) Research Experience for Undergraduates at IUPUI
- ☐ Other

Select all IUSM / IUPUI programs in which you have participated as a high school student

- ☐ SEED - American Chemical Society Project SEED
- ☐ STEM - Indiana CTSI Indianapolis Project STEM
- ☐ Simon SRP - IU Simon Comprehensive Cancer Center Summer Research Program
- ☐ Simon FSP - IU Simon Comprehensive Cancer Center Future Scientists Program
- ☐ IUPUI Physics Program
- ☐ IUPUI Nanotechnology Program
- ☐ Other

Please provide information regarding your past IU/IUPUI program participation. What year? who was your mentor? What did you research? Please provide sufficient detail for program directors to know what you accomplished. For multiple years please list them in chronological order providing relevant details for each year.

---

Have you participated in a formal summer research internship program other than one at IU/IUPUI as described above, in the past? If NO, leave blank. If YES, please name the program, name your mentor, describe program duration and requirements, briefly describe your research, and explain what grade / school year you were in at the time.

\_\_\_\_\_  
(prior summer research)

Have you previously participated in a research program during the school year? If NO, leave blank. If YES, please name the program and mentor, describe program duration and requirements, and briefly describe your research

\_\_\_\_\_  
(prior school research)

Have you participated in scientific research independently or in other ways not covered by prior questions? If NO, leave blank. If YES, please describe your research and the arrangement you had with the lab.

\_\_\_\_\_  
(independent research)

Career Choices. What are your top 2 career choices? It is very common for students to change their mind about their future goals after being in college a year or two, but as of now, what are your top career choices? What are some things you hope to accomplish?

\_\_\_\_\_

Extracurricular Activities. What are the athletic, artistic, extracurricular, community, church or other volunteer activities in which you have participated in the past 3 years? Help us understand what you do in your free time. Please limit your answer to 300 words and specify which activities were during college and which during high school.

\_\_\_\_\_

Awards, Honors, Grants, Special Academic / Research Activities. Please list all academic, athletic or community awards and honors or grants, and list any special academic or research experience not previously referenced that helps the committee understand your achievements to date.

\_\_\_\_\_

Jobs. Have you ever had a job where you were paid? List any jobs you have had - not previously detailed in your research experience. Explain your responsibilities, number of hours per day and days per week, and the time period(s) you had this job. If this is a current job, mention this also.

\_\_\_\_\_

Housing. Which option best describes your 2023 summer housing needs? The program will pay for housing in full or in part, as long as the student does not have friends or family members within a 40 mile drive to the campus. Please use the address to the Medical Library to determine distance: 975 W Walnut St, Indianapolis, IN 46202.

- ☐ I already live in the Indianapolis area and will NOT need housing this summer.
- ☐ I have parents, close friends and/or relatives where I can stay within 40 miles of the campus.
- ☐ I would be willing to contribute part of my stipend to cover the expenses of campus housing.
- ☐ I can only participate if the program covers the cost of housing.

---

Please upload your college transcript here. If you have multiple documents, please combine them into a single PDF. Transcript does NOT need to be an 'official' transcript. A student download copy is sufficient but you MAY be required to submit an official transcript if admitted to the program.

---

Please upload a letter of reference (on official letterhead) from a faculty member with whom you have worked in a laboratory setting to give an assessment of your laboratory and research skills. Alternatively, provide a letter of reference (on letterhead) from someone you believe can best address your qualifications for the program.

OR

Have your reference letter sent by the writer to [ctsipath@iupui.edu](mailto:ctsipath@iupui.edu) (state: "CTSI SRP 2023 letter of reference" in subject line). The letter must be received by the application deadline.

---

If you have any additional documents to upload, please [upload here](#)



**Section 4: Optional uploads**

OPTIONAL - Personal Statement. If you have prepared a personal statement, you may upload here

OPTIONAL - RESUME or CV. If you have a Resume or a Curriculum Vitae, you may upload here.

Enter your name on this line to certify you have completed this form with accurate information. After you click submit you will receive a confirmation email.

\_\_\_\_\_  
(Type your name here)