



NIH National Institute on Aging R25 Summer program application

PLEASE NOTE:

A complete application package must include: 1) a completed application 2) Resume 3) Statement of Interest 4) 1-2 Letter(s) of Recommendation 5) Unofficial transcript. All completed applications should be returned to Nishika Edwards, Ed.D.by email nishika@greenvillemed.sc.edu

For more information, link to the program website is provided below:

https://www.sc.edu/study/colleges_schools/medicine_greenville/medical_education/affiliated_pre-med_programs/research_education_program/index.php

Student Information:	
First Name:	
Last Name:	
Address:	
City/State/Zip:	
Phone:	
Email:	
Emergency Contact:	

Education:	
School Name:	
School Address:	
Major/Minor:	
Cumulative GPA:	
Current Student Classification (for the 2024-2025 school year):	<input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior

Demographics (include all that apply):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say
Race/Ethnic Group	<input type="checkbox"/> American India or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown or not reported



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Background:	<input type="checkbox"/> Socioeconomically Disadvantaged* <input type="checkbox"/> Underserved Community *
Please specify:	*Were you ever: homeless, in foster care, eligible for the Federal Free and Reduced Lunch Program for 2 or more years, no parent or legal guardian who completed bachelor’s degree, eligible for Federal Pell grant, received Special Supplemental Nutrition Program for Women Infants and Children (WIC), grew up in rural area.

Additional information: (These references must be from your university)		
Reference 1:	First and Last Name:	
	Email Address:	
	Phone Number:	
Reference 2:	First and Last Name:	
	Email Address:	
	Phone Number:	

Brief Statement of Interest

(Within the given space below; 800-word max., 12 pt. font, Times New Roman, 1.5 lines spacing.)

In the brief statement, please include the following:

- Briefly tell about yourself.
- Your research interests and academic goals.
- Why are you interested in the NIH R25 program?
- What would be your contribution to the NIH R25 program?