APPLICATION INSTRUCTIONS

1. Please read all directions carefully.

2. Complete the JSU MARC U-STAR Application. Please fill it out, print and submit per the instructions below.

3. Complete the JSU Admissions Application, if necessary.

4. Complete the MARC U-STAR program application. Please be concise. Your essays must be typed with text confined to the space provided by the form.

5. Give the Recommendation Forms to three or more of your Professors who taught one of your classes in the Biology, Chemistry and/or Psychology or research mentors with whom you have conducted research, who are able and willing to comment on your potential as a researcher. You must allow adequate time for each recommender to complete the form and return it in a sealed envelope with their signature across the flap.

6. If you agree to help JSU track your future success, please complete, sign, and return the two research consent forms (three pages total) along with your application.

7. All application materials should be submitted to the Program Manager. Please see checklist below.

Please use the following guide to ensure all required materials are completed and submitted to:

Ms. Sandra Hall, Program Manager, JSU MARC U-STAR Program,
Room 240, John A. Peoples, Jr., Science Building, 1400 J.R. Lynch St., Jackson, MS 39217

- JSU MARC U-star Application (three pages)
- Statement of Educational Goals and Research Interests
- Recommendation Cover Form
- Official Transcript(s) from all colleges attended before enrolling at JSU (unofficial copy will be accepted).
- Citizenship documentation
- Resume or CV

PLEASE NOTE: You will be notified by a representative of the MARC U-STAR Program regarding the outcome of your application. Top applicants will be interviewed and MARC U-STAR Trainee decisions will be announced after final interviews. Successful applicants must complete and sign a Proof of Citizenship and a Statement of Appointment will also need to be completed prior to official acceptance into the MARC program at JSU.

RECOMMENDATIONS (Please note: Three recommendations are needed)

To be completed by a professor or research mentor in the Biology, Chemistry, Mathematics, Physics and/or Psychology who can give insight to the potential success of the applicant in pursuit of a Ph.D. and biomedical research career. Please return the letter of recommendation and the completed recommendation cover sheet in a sealed envelope with your signature of the recommender across the flap of the envelope to: Jackson State University, MARC U-STAR Program Office, Room 204, JAP Science Building, 1400 J.R. Lynch Street, Jackson, MS 39217
Please type or print neatly

TRAINEE APPLICATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<td>______________________</td>
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<thead>
<tr>
<th>JSU Student ID Number</th>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
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<td>______________________</td>
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Campus Address ____________________________________________________________

Campus Phone # _______________________________ Cell Phone # _______________________________

Permanent Address __________________________________________________________

Permanent Phone Number _______________________________ E-mail ____________________________

Contact Person for emergency:

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<thead>
<tr>
<th>Year of Graduation</th>
<th>Name/Address of High School</th>
<th>County</th>
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JSU Graduation Date _______ / _______ (mm/yy)

ACT Score _______ Highest Verbal _______ Highest Math _______

List all colleges and universities attended:

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<thead>
<tr>
<th>College/University</th>
<th>Major</th>
<th>Cum GPA</th>
<th>GPA in Major</th>
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Are you currently enrolled at JSU?
☐ Yes
☐ No

If No, have you submitted a JSU Admission application?
☐ Yes
☐ No
Ethnicity:  (Check one or more)

- □ American Indian or Alaskan Native
- □ Black or African American
- □ Native Hawaiian or other Pacific Islander
- □ White
- □ Asian
- □ Hispanic (or Latino)

**Citizenship Information**

a. Are you a citizen of the United States of America?  □ Yes  □ No  (Check one)
   (A photographic copy of your birth certificate or passport with a state-issued photo identification card is required with this application.)

b. If you are not a U.S. Citizen, are you a Permanent Resident with a Permanent Residency card?  □ Yes  □ No  (check one)
   (Photographic copies of both sides of your Permanent Residency card are required.)

Name, address and telephone number of Parent/Guardian____________________________________

Please list the name, address and telephone number (other than the address listed above) of a relative or other person who can be used as a secondary contact for you
___________________________________________________________________________________

**Prior Research Experience**

Have you participated in any research training programs?  □ Yes  □ No  (check one)

If yes, name program and dates of participation (RISE, LSMAMP, PREM etc.)____________________
___________________________________________________________________________________

Do you plan to pursue a PhD after earning a BS degree?  □ Yes  □ No  (check one)

Do you plan to pursue a career in Biomedical Research or Behavioral Sciences after earning a PhD?
  □ Yes  □ No  (check one)

**List Honors, Awards, Fellowships Received** _____________________________________________
____________________________________________________________________________________

**Clubs, Groups and other Organizations** _______________________________________________
_________________________________________________________________________________
Please attached Resume or CV.

PLEASE TYPE YOUR ANSWERS TO THE ESSAY QUESTIONS IN THE SPACE PROVIDED

1. Please describe your educational goals and reasons and motivation for pursing your goals.

2. Why do you believe that a career in biomedical or behavioral sciences research is right for you?

3. How will the MARC U-STAR Program assist in your development as a future research scientist?
MARC U*STAR Application Recommendation Cover Sheet

To be filled out by the applicant:

STUDENT: ____________________________________________________________

Last Name                     First Name                     Middle

To be filled out by the faculty recommender:

RECOMMENDER: _______________________________________________________

First Name                     Last Name                     Title/Position                     Department

(_______)________________________ ________________________

Telephone                     Email

1. In what capacity do you know this student?

________________________________________________________________________

________________________________________________________________________

2. How long have you known this student?

________________________________________________________________________

________________________________________________________________________

3. In which of your classes did the student enroll and what grade did he/she receive?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Please rate the applicant relative to other students within this same field of study:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Very Good</th>
<th>Outstanding</th>
<th>No Knowledge</th>
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<tbody>
<tr>
<td>Motivation for proposed program</td>
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<td>Analytical skills</td>
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<td>Ability to work independently</td>
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<td>Ability to work with others</td>
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<td>Self-motivation</td>
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<td>Personal responsibility</td>
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<td>Potential for graduate school success</td>
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Please describe any additional comments which make this student an outstanding candidate for the MARC U-STAR Program. (Please attach your recommendation to this form).

Recommender’s Name: ___________________________________________ E-mail: __________________________

Last Name                     First Name                     Middle Initial

Position or Title: __________________________ Department: __________________ Institution: __________

Address: __________________________________________________________

Number and Street City/State/Zip

Signature: ___________________________ Phone __________________ Date: ___________________
Dear MARC Applicant:

The following pages contain introductory information pages about the MARC U-STAR Program at JSU, the MARC U-STAR Program application, a letter regarding the program evaluation, and two consent forms (in that order).

The application is FILLABLE ONLINE. It will open with Adobe® Acrobat Reader®. Please fill it out online if possible. After it is completed please print the entire application, give the three recommendation forms to professors in your declared major and/or research mentors, and ask them to return the recommendations to you in a sealed envelope for submission with your signed application.

Note: When filling in the application with Acrobat Reader® you may not be able to save it. You will need to fill it out completely and print it.

If you cannot fill out the application online, you may print it and fill it out with a typewriter.

Please submit ALL requested information (applications, letters or recommendation and transcript) to

Dr. Jacqueline J. Stevens, Program Director or Ms. Sandra Hall, Program Coordinator

MARC U-STAR Program
Jackson State University
P.O. Box 18780
Jackson, MS 39217
Phone: 601-979-3462 – 601-979-2087
Fax: (601) 979-5842
Email: Jacqueline.j.stevens@jsums.edu – Sandra.l.hall@jsums.edu
URL: http://www.jsums.edu/~jsumarc