

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

Date _____

Last
Name _____

First
Name _____

Middle
Initial _____

JSU Student ID
Number _____

☐ Male

☐ Female

Date of Birth _____

Campus
Address _____

Campus Phone # _____ Cell Phone # _____

Permanent
Address _____

Permanent Phone Number _____ E-mail _____

Contact Person for emergency:

Year of Graduation	Name/Address of High School	County	

JSU Graduation Date _____/_____/_____ (mm/yy)

ACT Score _____ Highest Verbal _____ Highest Math _____

List all colleges and universities attended:

College/University	Major	Cum GPA	GPA in Major

Are you currently enrolled at JSU?

☐ No

☐ Yes

If No, have you submitted a JSU Admission application?

☐ No

☐ Yes

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 pursuing 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:

Criteria	Below Average	Average	Above Average	Very Good	Outstanding	No Knowledge
Motivation for proposed program						
Analytical skills						
Ability to work independently						
Ability to work with others						
Self-motivation						
Personal responsibility						
Potential for graduate school success						

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: _____

**JACKSON STATE UNIVERSITY
MAXIMIZING ACCESS TO RESEARCH CAREERS (MARC)
UNDERGRADUATE-STUDENT TRAINING IN ACADEMIC RESEARCH (U-STAR)
1400 J.R. Lynch Street, Jackson, MS 39217**

Application – 2014-2015

**JSU TRAINING PROGRAM FOR UNDERGRADUATES
PURSUING RESEARCH CAREERS IN THE BIOMEDICAL & BEHAVIORAL SCIENCES**

Application Deadline: Monday, February 2, 2015

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>