



2015 CAMS Summer Research Fellowship Application

APPLICATION INFORMATION & INSTRUCTIONS

PURPOSE

To promote & support clinical & basic science research among Chinese American medical & dental students.

CRITERIA

Projects lasting a minimum of 8 and up to 10 weeks can either be in the basic sciences or clinical research. A physician or a dentist must sponsor and supervise the project. Special consideration will be given to projects involving Chinese American health issues. At the completion of the project, a written report should be submitted. Applicants must be a current student in an U.S. accredited medical or dental school.

STIPEND

Students will be paid a stipend of \$400 per week for up to 10 weeks. Research support and expenses are the responsibility of the sponsor.

FORMAT

All supporting documents submitted directly from the applicant should be typed single spaced in Times New Roman Font Size 12. Page Margins should be 1" for top, bottom, left, and right margins. Please do not use page borders or text boxes.

DEADLINE

APPLICATION DEADLINE: APRIL 30, 2015 at 11:59 P.M. All applications submitted by regular mail should be received by April 30, 2014.

SUBMISSION

The preferred method of submission for applications for the CAMS Summer Fellowship Applications are for applicants to send the application and all supporting materials as a single PDF file to Mrs. Jamie Love at JLove@camsociety.org.

By Email

If you are submitting your application online, please submit your application in full as a single PDF File and E-mail it to Mrs. Jamie Love at JLove@camsociety.org. The file name for your application should be: Your Last Name, Your First Name CAMS Fellowship2015.pdf

By Regular Mail

Please send your application and supporting materials to:
CAMS Scholarship Committee: 41 Elizabeth Street, Suite 600, New York, NY 10013

DOCUMENTS REQUIRED

1. CAMS Summer Research Fellowship Application
2. Project Description Please include summary/background/hypothesis/specific aims/ methods/Analysis Plan.
Maximum 5 pages.
3. Applicant's current Curriculum Vitae Please include education & employment
4. A Letter from the Applicant's Supervising Investigator Supporting the Research Project
5. A Letter from the Dean of Students Verifying That The Applicant Is In Good Standing.

Applicants that are selected to receive a CAMS Summer Research Fellowship Award will be asked to submit an abstract of their work to be presented as a poster at the CAMS Annual Scientific Meeting in New York City. This year's meeting will be held Saturday November 7, 2015.

APPLICANT'S INFORMATION

LAST NAME:

FIRST NAME:

M.I.:

CHINESE NAME:
(IF APPLICABLE)

HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

MAILING ADDRESS EFFECTIVE DATE:

FROM:

TO:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

EDUCATION

MEDICAL/DENTAL/
OSTEOPATHIC SCHOOL

SCHOOL ADDRESS:

CITY:

STATE:

ZIP CODE:

UNDERGRADUATE
COLLEGE:

SCHOOL ADDRESS:

CITY:

STATE:

GRADUATED:

DEGREE EARNED:

GRADUATE SCHOOL:

SCHOOL ADDRESS:

CITY:

STATE:

GRADUATED:DEGREE EARNED:

PROJECT INFORMATION

PROJECT TITLE:

EXPECTED LENGTH OF PROJECT:START DATE:

SUPERVISING INVESTIGATOR'S NAME

TITLE

SCHOOL/INSTITUTION:

ADDRESS:

CITY:

STATE:ZIP CODE:

PHONE NUMBER:

EMAIL:

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:DATE: