

# AMERICAN HEART ASSOCIATION, FOUNDERS AFFILIATE

1 Union Street, Suite 300, Robbinsville, NJ 08691

# UNDERGRADUATE STUDENT SUMMER FELLOWSHIP PROGRAM

**Program Description**

The American Heart Association supports highly promising, undergraduate students for full-time research fellowships over a minimum of a ten-week period during the summer. The goal of this program is to encourage students to pursue careers in cardiovascular research. Research projects with broad relevance to cardiovascular biology and stroke will be considered. The research must be performed within the eight states ofthe Founders Affiliate region which includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island and Vermont.

**Fellowship Requirements**

An eligible student must be enrolled in a full-time undergraduate degree program at a four-year college or university ***(Please note: an MD granting program is not an undergraduate degree program)*** at the time of application submission, maintained a cumulative GPA ≥ 3.0, and have identified an established researcher to serve as a sponsor for the fellowship project. Students must be classified at the sophomore, junior or senior academic status at the time of award application or may complete the fellowship immediately following graduation. The student must be available for full-time research, and will receive the $5000 fellowship as a stipend. Payment will be made to the institution for disbursement to the student. Direct use of award funds to pay tuition is prohibited. The sponsor will mentor the student to develop and implement a summer research project, and provide all reagents and supplies for its completion. A final report of the project is due to the American Heart Association after the completion of the summer fellowship.

**Application Preparation Process**

**For the Student:**

The student is expected to identify a sponsor with a research laboratory within the Founders Affiliate, and work closely with the sponsor to develop the research project and complete the fellowship application.

A complete application includes:

**1)** Typed application form with signatures of the student, sponsor, and an Administrative Official at the sponsor’s institute,

**2)** The sponsor’s CV plus a letter from the sponsor indicating support for the fellowship application, including a mentoring plan.

**3)** Official academic record of the student. (Official academic record should be sent directly to the AHA office by mail or email to bill.thompsen@heart.org

**4)** Two Faculty recommendation forms to be completed by faculty members/referees (letters of recommendation on institutional letterhead are also welcome) and should be sent directly to the AHA office or email to bill.thompsen@heart.org

Items 1-2 can be submitted together as a single PDF document via email, and reference forms (letters with institutional letter head are optional) can be sent directly from the referee to the Founders Affiliate NYC office by postal mail, or via email. Recommendation form/letters submitted by email are acceptable only if they are signed (electronic signature or a scanned document with original signature). If the PDF application sent by email does not include signatures of the applicant, sponsor, and Administrative Official, a hard copy of the signature page must be submitted by postal mail. Incomplete applications will not be reviewed. Contact Bill Thompsen at 609.223.3752 or bill.thompsen@heart.org with any questions regarding application preparation or submission.

**For the Sponsor:**

The sponsor will guide the student in developing a short-term research project that can be accomplished over a 10-week period, and needs to provide a CV plus a letter of commitment for the oversight and implementation of the project. The sponsor’s CV and letter of commitment can be included in the application package or sent by email directly from the sponsor. The sponsor is also required to verify institutional agreement for the application by obtaining the signature of an institutional Administrative Official where the research will be performed.

**The complete application must be received by Monday, February 4, 2019.** This fellowship award is designed to support a student project that would otherwise not be possible, and funds will not be awarded to supplement or duplicate funding from another agency. An application must be identified as alternative if submitted to more than one granting agency for the same or closely related project. "The American Heart Association currently does not fund research projects involving human embryonic stem cells." NOTE: **A scientist may only sponsor one applicant** **at a time**.

**Application Submission and Deadline**

Applications (not including faculty member forms/letters of recommendation and official transcripts) must be submitted as a single PDF file by email at: bill.thompsen@heart.org no later than Monday, February 4, 2019 at 5:00 p.m. Eastern Standard Time. The completed Faculty recommendation forms need to be received by this deadline also. If signatures are not included on the PDF application file, send a hard copy of the signature page to:

**Bill Thompsen**
Research Department

**American Heart Association**
1 Union Street, Suite 300

Robbinsville, NJ 08691

**Application Review Process**

Applications are reviewed by the Founders Affiliate Research Student Task Force, and are evaluated on the merits of the student, the sponsor and environment, and the proposed research project. Ranking of applicants is based on an assessment of the student’s academic strengths and potential for a research career, overall quality of the proposal, faculty recommendations, and the mentoring relationship and research environment. Students and sponsors will be notified of the results of the review process in mid to late March 2019.

**Awarded Fellowships**

This fellowship provides successful candidates with a summer stipend of $5000 for full-time research. Research on this fellowship during this period will not apply to college credit, and participation in the program will not be a part of the students’ official transcript. The student is responsible for housing and transportation during the fellowship period, and is expected to comply with all institutional and laboratory regulations and training requirements of the host institution. The sponsor is responsible for providing all laboratory supplies and reagents for the successful completion of the project. The student is required to submit a final report of the summer project to the AHA.

***Prior recipients of the AHA Founders Undergraduate Student Summer Fellowship award are not eligible to apply for the same funding mechanism (ex., students may hold an American Heart Association Undergraduate Student Research Program award only once).***

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| **FORM A**  |  | Due Date: **FEBRUARY 4, 2019** |
| **THIS FORM MUST BE TYPED.** |  |  |
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# UNDERGRADUATE STUDENT RESEARCH PROGRAM APPLICATION

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| APPLICANT NAME (Last, First, Middle):  |
|       |
| CURRENT MAILING ADDRESS: |
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| SUMMER MAILING ADDRESS: |
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|       |
| PERMANENT MAILING ADDRESS: |
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|       |
| CURRENT TELEPHONE (include area code): |
|       |
| PERMANENT TELEPHONE (include area code) |
|       |
| ALTERNATE CONTACT NUMBERS, if available, i.e. cell phone, pager, etc. (include area code): |
|       |
| E-MAIL ADDRESS: |
|       |
| DATE OF BIRTH (mm/dd/yyyy):       |
| DATE GRADUATED FROM HIGH SCHOOL (mm/yyyy):       |
| US CITIZEN? YES [ ]  NO [ ]  |
| **If NO**, visa type: PR [ ]  H1 [ ]  H1B [ ]  J1 [ ]  F1 [ ]  TC [ ]  TN [ ]  Other, specify:       |
| **If NO**, country of citizenship:       |
| FACILITY WHERE WORK WILL BE PERFORMED:  |
|       |
| NAME OF SPONSOR:        |
| SPONSORING INSTITUTION AND ADDRESS WHERE RESEARCH PROJECT WILL BE PERFORMED: |
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|       |
| CURRENT TELEPHONE (include area code): |
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| E-MAIL ADDRESS: |
|       |
| DOES RESEARCH INVOLVES BIOHAZARDS? YES [ ]  NO [ ]  |
| DOES RESEARCH INVOLVES HUMAN SUBJECTS? YES [ ]  NO [ ]  |
| DOES RESEARCH INVOLVES ANIMAL SUBJECTS? YES [ ]  NO [ ]  |
| PERCENT OF STUDENT’S TIME DEVOTED TO THIS PROJECT:       |

**RECOMMENDATIONS**

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| TWO COMPLETED FACULTY RECOMMENDATION FORMS FROM REFEREES OTHER THAN THE SPONSOR ARE REQUIRED. LIST NAMES AND CONTACT INFORMATION OF FACULTY MEMBERS: |
|  |
| 1. | NAME:       |
|  | TITLE:       |
|  | INSTITUTION:       |
|  | TELEPHONE:       |
|  | E-MAIL:       |
|  |  |
| 2. | NAME:       |
|  | TITLE:       |
|  | INSTITUTION:       |
|  | TELEPHONE:       |
|  | E-MAIL:       |
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| **APPLICANT’S EDUCATIONAL STATUS** |
| UNDERGRADUATE INSTITUTION:       |
| LOCATION:       |
| ARE YOU CURRENTLY ENROLLED FULL-TIME? YES [ ]  NO [ ]  |
| MAJOR:       |
| DEGREE SOUGHT (at this college):       |
| CURRENT GPA (MINIMUM GPA 3.0 REQUIRED)        |
| CURRENT CLASS:       |
| ANTICIPATED GRADUATION DATE FROM THIS INSTITUTION (mm/yyyy):       |

ACADEMIC HONORS (PLEASE INCLUDE ALL TRANSCRIPTS OF SCHOLASTIC RECORD):

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RESEARCH EXPERIENCE:

(undergraduate student research experience does not count towards the score)

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| --- | --- | --- | --- | --- |
| Describe the type of experience (e.g., internship; trainee; lab assistant; clinical rotation, etc. | Primary Responsibilities/Duties | Institution where the research was conducted and location | Inclusive Dates | Mentor/Supervisor |
| 1)       |       |       |       |       |
| 2)       |       |       |       |       |
| 3)       |       |       |       |       |
| Etc.       |       |       |       |       |

**RESEARCH PROJECT INFORMATION**

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| TITLE OF PROPOSED RESEARCH PROJECT: |
|       |
| HOW IS THIS PROJECT RELEVANT TO CARDIOVASCULAR DISEASE? (PLEASE LIMIT NARRATIVE TO 1 - 2 PARAGRAPHS) |
|  |
| HOW WILL THIS EXPERIENCE CONTRIBUTE TO YOUR CAREER PLANS? |
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| PLEASE DESCRIBE YOUR RESEARCH PROJECT (provide brief scientific background and rationale for the proposal, experimental hypothesis, brief experimental approach, and anticipated results and interpretation. Description of the project should not exceed one typewritten page.) **Applicants may include a Literature Cited section of no more than 1 page immediately following the research plan.** |
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**SIGNATURE PAGE**

STUDENT:

1. If I am awarded a Summer Fellowship, I agree to submit a final report of accomplishments no later than Monday, October 1, 2019. I also agree (or a parent or guardian if I am a minor) to sign a Voluntary Consent Form releasing the AHA from any liability arising from my research activities. ***Prior recipients of the AHA Founders Undergraduate Student Summer Fellowship award are not eligible to apply for the same funding mechanism (ex., students may hold an American Heart Association Undergraduate Student Research Program award only once).***

|  |  |  |
| --- | --- | --- |
| Applicant (Please Type) | Signature | Date |
|       |       |       |

SPONSOR:

I agree to accept responsibility for the supervision of this applicant in the conduct of the research project described in this application, and assure that a report of the accomplishments of this project will be submitted by Monday, October 1, 2019. In this application I have included a letter indicating that I will be the sponsor, how I will interact with the student to insure Summer Fellowship Program’s educational intent, and a brief description of the research environment. This letter also includes a clear statement of financial support for the student's project (i.e. lab supplies). I have submitted a *brief curriculum* vitae. NOTE: **A scientist may only sponsor one applicant at a time**.

|  |  |  |
| --- | --- | --- |
| Sponsor (Please Type) | Signature | Date |
|       |       |       |

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| --- | --- |
| Sponsor’s Title: |       |
| Sponsor’s Institution |       |

ADMINISTRATIVE CERTIFICATION OF APPROVAL (Official authorized to sign for Institution):

I understand that the American Heart Association, Founders Affiliate Summer Fellowship Program is a non-commercial, educational venture not intended for employment of participating students. I understand that, should this applicant receive a Summer Fellowship award, my institution will have operational responsibility for the program and the AHA will be held harmless from any liability arising from the research activity of the student.

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| Official signing for applicant institution(Please include Official Capacity and Title) | Signature | Date |
|       |       |       |

FISCAL RESPONSIBILITY:

Award checks are payable to the Founders institution where the work is performed. Please provide name and title of person to whom check should be mailed: (include address & email)

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| --- | --- | --- |
| Authorized Fiscal Officer (Please Type) | Signature | Date |
|       |       |       |
|       |       |       |
| Institution:       |
| Mailing Address:        |
| Email:       |



# AMERICAN HEART ASSOCIATION FOUNDERS AFFILIATE

Phone: 212-878-5900

## UNDERGRADUATE SUMMER FELLOWSHIP APPLICATION CHECKLIST

**APPLICANT:**

|  |  |
| --- | --- |
| [ ]  | Application form (typed) with all required signatures and all items completed, including a sponsor letter of commitment. Convert this document into a PDF file when completed.  |
|  |  |
| [ ]  | Official copies of transcript(s) of scholastic record (can be mailed from institution). |
|  |  |
| [ ]  | Two completed Faculty Recommendation Forms from faculty members other than the sponsor, sent by postal mail directly to the AHA or if signed, via email.  |
|  |  |
| [ ]  | Applications need to be received as a single PDF file via email no later than Thursday, February 4, 2019 at 5:00 P.M. Eastern. Please note: It is preferable, but not necessary to send email copies with completed signatures. |
| [ ]  | If signatures were not included in the PDF application file, please send a hard copy of the signature page by postal mail to the New York City Research Office. |

**SPONSOR:**

|  |  |
| --- | --- |
| [ ]  | Copy of your curriculum vitae (abbreviated version please) |
|  |  |
| [ ]  | Letter from sponsor indicating: |
|  |  |
|  |  a. full responsibility as sponsor of the applicant. |
|  |  |
|  |  b. how you will interact with the applicant to guarantee that the intent of the Summer Fellowship Program is carried out. |
|  |  |
|  |  c. a clear statement of financial support for the student's research project, i.e. lab supplies, and the research environment. |
|  |  |
| [ ]  | Signature on the application |

**THANK YOU FOR YOUR APPLICATION**