



THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER  
Center for Psychiatric Neuroscience

NEUROSCIENCE SCHOLARS SUMMER PROGRAM  
2010 APPLICATION FORM

**NAME** (*last, first, middle*)

**HIGH SCHOOL, COLLEGE, OR MEDICAL SCHOOL** (*name, city, state, zip code*)

**ACADEMIC RANK (Spring, 2008)**

graduating high school senior

**COLLEGE:**

Freshman     Sophomore     Junior     Senior     Graduating Senior

**MEDICAL SCHOOL:**     M1

**ACADEMIC MAJOR**

**SOCIAL SECURITY NUMBER**

**CITIZENSHIP**

US Citizen

Permanent Resident Alien

**Citizen of:**

**Visa Type or Alien Registration Number:**

**CURRENT ADDRESS** (*street address, apartment #, city, state, zip code*)

**CURRENT TELEPHONE** (*area code*) phone number

**CURRENT EMAIL ADDRESS**

**HOME ADDRESS** (*street address, apartment #, city, state, zip code*)

**HOME TELEPHONE** (*area code*) phone number

**HOME EMAIL ADDRESS**

**NAME** (*last, first, middle*)

**PERSON TO BE NOTIFIED IN AN EMERGENCY**

**Name** Relationship

**Address**

**Home phone** **Work phone** **Cell phone**

**EDUCATIONAL BACKGROUND**

**Indicate your grade point averages to date (A=4.0, B=3.0, C=2.0, D=1.0, F=0)**

**All undergraduate courses:**  
**All undergraduate science and math courses:**  
**All undergraduate psychology courses:**

List undergraduate courses in your major field and other relevant courses which you have completed or will have completed before your participation in the Neuroscience Scholars Summer Program (if accepted). Please identify courses not yet completed with a grade of "X".

Course Title	Grade
Course Title	Grade
Course Title	Grade
Course Title	Grade
Course Title	Grade
Course Title	Grade
Course Title	Grade
Course Title	Grade
Course Title	Grade

**DO YOU HAVE PRIOR RESEARCH EXPERIENCE?**  **yes**  **no** If yes, briefly describe below.

**HAVE YOU PARTICIPATED IN THE NEUROSCIENCE SCHOLARS PROGRAM BEFORE?**  **yes**  **no**

*If yes, who was your mentor?*

**HOW DID YOU HEAR ABOUT THE NEUROSCIENCE SCHOLARS SUMMER PROGRAM?**

- Announcement flyer  Past participant  Internet search
- Faculty advisor (*please give name:*
- UMMC faculty/staff member (*give name & dept*)
- Other (*please specify*)

**NAME** (*last, first, middle*)

**DESCRIBE YOUR EDUCATIONAL AND CAREER PLANS AND THE RELATIONSHIP OF THE NEUROSCIENCE SCHOLARS PROGRAM TO YOUR GOALS.**

**APPLICANT SIGNATURE**

**DATE**