**Minority Access to Research Careers (MARC)**

**Undergraduate Student Training in Academic Research (U-STAR) Program**

**Program Directors: Dr. Luis M. Mota-Bravo and Dr. Marlene de la Cruz**

**Minority Science Programs (MSP), School of Biological Sciences**

**University of California, Irvine**

**Sponsored by the National Institutes of Health (NIH)**

**Application Deadline: April 15, 2024**

##### 2024 STUDENT APPLICATION

Using Microsoft Word, please fill the gray spaces below, print the application and sign it.

**Legal Name**                   [ ]  **Male**

Family/Last Name (Surname) First Name Middle Name [ ]  **Female**

      [ ]  **Non-Binary**

**Last 4 digits of** U.S. Social Security #

## Different names that may appear on your academic records

**UCI ID#**

**Date of Application:**

 Month/Day/Year

## Mailing Address (Use until      ) Permanent Address

## No. and Street       No. and Street

City and State       City and State

ZIP or Country       Zip or Country

Local Home Phone       E-mail

Cell Phone       Permanent Phone

**Birthplace:**       **Birthdate:**

 City/State or Country Month/Day/Year

**Citizenship (please check):**

U.S. [ ]  Permanent Resident of U.S. [ ]

**Ethnicity (please check):**

[ ]  Black or African American

[ ]  Hispanic or Latino

[ ]  American Indian or Alaska Native (indicate tribal affiliation      )

[ ]  Native Hawaiian and other Pacific Islander (indicate island      )

[ ]  Asian

[ ]  White

[ ]  Other (specify)

**Check if applicable**

 **[ ]**  Disability (specify)

**Individuals from disadvantaged backgrounds (check all applicable)**

[ ]  1. Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition: <https://nche.ed.gov/mckinney-vento/>);

[ ]  2. Were or currently are in the foster care system, as defined by the Administration for Children and Families (Definition: <https://www.acf.hhs.gov/cb/focus-areas/foster-care>);

[ ]  3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: <https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>);

[ ]  4. Have/had no parents or legal guardians who completed a bachelor’s degree (see <https://nces.ed.gov/pubs2018/2018009.pdf>);

[ ]  5. Were or currently are eligible for Federal Pell grants (Definition: <https://www2.ed.gov/programs/fpg/eligibility.html>);

[ ]  6. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child (Definition: <https://www.fns.usda.gov/wic/wic-eligibility-requirements>).

[ ]  7. Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer (<https://data.hrsa.gov/tools/rural-health>), *or* b) a [Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas](https://www.qhpcertification.cms.gov/s/LowIncomeandHPSAZipCodeListingPY2020.xlsx?v=1) (qualifying zipcodes are included in the file).

**Current class status at UCI:**

 Junior [ ]  Senior [ ]

 Units completed       Cumulative GPA

Undergraduate major(s)

Expected term of graduation

 Quarter Year

**Degree Objective** [ ]  Ph.D. Degree [ ]  Other (specify)

**Specific area of interest**

What factor(s) made you interested in the Biological/Biomedical Sciences?

Describe your research interests and research experience, indicating research topic, faculty advisor, institution and length of experience.

If you are not doing research, please specify an area of interest and/or faculty name.

If you are currently in a research lab, who is your faculty advisor and how did you select him/her?

Describe honors, awards, conference participation and publications.

Describe your extracurricular activities (i.e. campus, community and professional)

How did you learn about the MARC Program?

State your general reasons for applying to MARC and your specific career interest. Please include your family background, future educational goals, personal attributes and program expectations.

I hereby apply for admission to the Minority Access to Research Careers (MARC) at the University of California, Irvine, and certify that to the best of my knowledge all of the above statements are true and complete. I understand that submitted records will not be returned, copied, or forwarded. I authorize the UCI Minority Science Programs personnel to access my student records and monitor my academic progress. I will comply with all applicable Public Health Service terms and conditions governing my appointment. I agree to abide by the university policies stated in the *UCI General Catalogue.* After my participation in MARC, I agree to maintain contact with the UCI Minority Science Programs personnel to enable them to track my career development to evaluate the outcomes of MARC.

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###  Signature Date

Email this application and your UCI transcript (if you have completed less than three quarters at UCI, please include an official copy of transcripts from previous colleges attended) to: riadr@uci.edu

Telephone (949) 824-2589, Fax: (949) 824-6599, e-mail: marlene@uci.edu