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| 2024 Student ApplicationBroadening Research Achievement in Neurosciences (BRAiN) for a Diverse WorkforceSponsored by the National Institutes of Health (NIH)**National Institute of Neurological Disorders and Stroke (NINDS**)**Director Dr. Luis Mota-Bravo, Dr. Marlene de la Cruz****School of Biological Sciences****University of California, Irvine****Deadline: November 10, 2024** |

INSTRUCTIONS; Please use a computer and Microsoft Word to fill the gray areas of this application.

**Legal name:** **[ ]  Male**

Family/Last Name First Name Middle Name [ ]  **Female**

[ ]  **Non-binary**

**Different names that may appear on your academic records:**

**UCI ID(if applicable**

**Date of application:**

 Month/Day/Year

**Mailing address:**

No. and Street:

City and State:

Zip or Country:

Cell Telephone:

E-mail:       Other E-mail:

**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).

**Class Status:** Sophomore: **[ ]**  Junior: **[ ]**  Senior: **[ ]**  Community College student: **[ ]**

**GPA of all courses completed:****GPA of science courses completed:**

**Specify major/area:**       **Anticipated graduation year:**

**Are you interested in:** PhD [ ]  PhD/MD [ ]  Other [ ]

**If other, please explain**:

**What are your academic goals after undergrad? Please specify the degree and area:**

**Extracurricular activities:** (i.e. campus, community, and professional):

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

**Are you interested in a particular research field or faculty mentor?** **[ ] No** **[ ]**  **Yes**

If yes, please state area of interest and/or faculty name:

**How did you learn about the BRAIN Program?**

**If you have, please list two references:** (preferably a science professor/research mentor)

Name:       Title:       Phone:

Name:       Title:       Phone:

If you are a **community college student**, please fill out the section below before continuing:

**Current community college:**       **Specify major/area:**

**What date do your Spring 2025 classes end:**       **What date will your Fall 2025 classes begin:**

**Have you attended any other college(s)?** **[ ]  No** [ ]  **Yes**

If yes, what other institution(s) have you attended?

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| **Institution** | **Major** | **Dates** |
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**Are you planning to transfer this Fall?       If not, when do you plan to transfer?**

**Which university are you planning to transfer to?**

**Which major are you planning to transfer to?**

**After transferring, what year do you anticipate receiving your baccalaureate degree?**

**With the completed application, please include:**

A **two-page statement of purpose** which contains the following information:

1. Personal Attributes
2. Research Interests
3. Future Educational Goals
4. Career Interests
5. Program Expectations

**If you are a community college student, please also submit the following additional items:**

## One letter of recommendation from a community college science faculty member

## (*please have your recommender send the letter to Ms. Reham Riad at riadr@uci.edu)*

## A copy of transcripts from all colleges attended.

**Note: The selection committee will NOT review INCOMPLETE applications. If you are pre-selected, you will be contacted to set an appointment for an interview. Preference will be given to students transferring/enrolled at UCI for Fall 2024.**

**I hereby apply for admission to the Initiative for Broadening Research Achievement in Neurosciences (BRAiN) for a Diverse Workforce 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. By signing this application, 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 Catalog. After my participation in BRAiN, 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 the BRAIN Program.**

**Your signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email application documents to:** **riadr@uci.edu**