

# Claremont Colleges' Intercollegiate Neurosciences Summer Research Fellowship Application Form

## Application Packet Instructions and Submission Checklist

Application Deadline: February 19, 2016

*The Summer Research Fellowships are open  
to all students at the Claremont Colleges*

### On Campus Submission Requirements

Submit **two copies** of each of the following to the Collection Box outside RM 104, Broad Hall, Pitzer College or place directly in Professor Borowski's mailbox in Scott Hall, Pitzer College:

- Completed application form.
- Your resume/CV.
- Brief Statement of Research Interests and Goals.
- Academic Transcripts.

Make sure your selected referees have returned sealed Recommendation Packets for you to include with your application or have mailed them directly to Professor Borowski by the application deadline.

### Electronic Submission Requirements

Note: To submit your application electronically, you must use an institutional address, such as yourname@cmc.edu, yourname@pitzer.edu, or yourname@scripps.edu

To submit the application form electronically please:

- Download this pdf, open in Acrobat Reader, and save under a new name  
*2016neurofellowship\_app\_yourname.pdf*
- Complete online, and click on the Submit button. Keep a copy of the document.

To submit your resume/CV electronically, please identify it as:

*2016neurofellowship\_CV\_yourname.doc (or pdf)*

To submit your Statement of Research Interests and Goals, please identify it as:

*2016neurofellowship\_statement\_yourname.doc (or pdf)*

To submit your transcripts, please identify it as:

*2016neurofellowship\_transcript\_yourname.pdf*

**Claremont Colleges' Intercollegiate  
Neurosciences Summer Research Fellowship  
Application Form**

**A. Student Information**

First Name

MI   
Last Name

College	CMC	Year	FR
	Harvey Mudd		SO
	Pitzer		JR
	Pomona		SR
	Scripps		

Major

Expected Graduation Year

Campus Address

Campus Phone Number Email

Home Address

City State Zip Country

**B. Fellowship Type**

Please indicate the type of fellowship for which you are applying.

- Standard
- Member of underrepresented group

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## C. Preferred Fellowship Placement Site

Please indicate your preferred placement sites, ranked in order of preference. Refer to the Placement Sites document provided on the website.

	Placement Supervisor	Institution
1st	<input type="text"/>	<input type="text"/>
2nd	<input type="text"/>	<input type="text"/>
3rd	<input type="text"/>	<input type="text"/>
4th	<input type="text"/>	<input type="text"/>
5th	<input type="text"/>	<input type="text"/>

## D. Preferred Fellowship Start Date

Month  Day

## E. Alternate Fellowship Placement

If your preferred fellowship site is not on the Placement List, please provide the following information:

<input type="text"/>	<input type="text"/>		
Institution	Department		
<input type="text"/>			
Name of Principal Investigator or Supervisor			
<input type="text"/>			
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	Country
<input type="text"/>	<input type="text"/>		
Phone Number	Email		

Briefly describe the principal investigator's research program. Not to exceed 750 words.  
If completing manually, attach another page if necessary.

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Has the principal investigator/supervisor agreed to accept you as a summer research student?

Yes

No

When would you begin your summer research program?

Month

Day

**F. Recommendation Packet**

It is the applicant's responsibility to provide the Recommendation Letter form to two referees. The completed recommendation packet (the Recommendation Letter on the referee's letterhead and the confidential reference checklist) must be enclosed in a sealed envelope with the referee's signature on the back flap. Please include as part of the application packet or request the referee to mail the recommendation packet to:

Professor Thomas Borowski  
Pitzer College  
1050 N. Mills Ave.  
Claremont, CA 91711

Please provide names of TWO individuals who are familiar with your work and who can evaluate your performance. Include full name, address, phone number, and email.

**Reference #1**

Name

Address

City

State

Zip

Phone Number

Email

In what capacity do you know the above referee?

**Claremont Colleges' Intercollegiate  
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Reference #2

Name

Address

City

State

Zip

Phone Number

Email

In what capacity do you know the above referee?

Student Signature

Date

If you have downloaded this form and completed it online, click to submit to Dr. Thomas Borowski.

Submit

Otherwise, please submit *two copies* of the completed, printed form to the Collection Box outside RM 104, Broad Hall, Pitzer College or place directly in Professor Borowski's mailbox in Scott Hall, Pitzer College.