



**Summer Fellowship Program Application**  
**Irene & Eric Simon Brain Research Foundation 973 726-6218**

**Please mail to: IES Brain Research Foundation (No email or fax applications)**  
**270 Sparta Ave. Suite 104 #210 Sparta, NJ 07871 www.iesBrainResearch.org**

This application is to be submitted no later than **March 15<sup>th</sup>, 2010**. The student applicant is responsible to submit **all** materials required **from both the student and the Faculty Sponsor**. **PLEASE PRINT CLEARLY!**  
**\*\*\*Incomplete or illegible applications will not be considered.**

Name of Student Applicant: \_\_\_\_\_

University \_\_\_\_\_ Level (at time of app) \_\_\_\_\_ Class of \_\_\_\_\_

Mailing Address through May 15th: \_\_\_\_\_

Permanent Mailing Address; \_\_\_\_\_

Mailing address after May 15th if different from above \_\_\_\_\_

E-mail Address: \_\_\_\_\_ or \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Student Project Title: \_\_\_\_\_

Neuroscience area \_\_\_\_\_ Estimated Start Date: \_\_\_\_\_

How learned of IESBRF Summer Fellowship \_\_\_\_\_

Faculty Sponsor's Name & Title: \_\_\_\_\_

Position: \_\_\_\_\_ Research Area: \_\_\_\_\_

Institution/Department \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Student Applicant:**

1. Provide a 1 page personal statement of educational and career goals and how the proposed summer research will advance both.
2. Provide a resume, including summary of undergraduate (& graduate, if applicable) courses & grades (official transcript **not** necessary) and description of research experience (if any).
3. **Indicate any other sources and amounts of financial support available to you.**
4. Provide names and contact info for local newspapers (local to home and school) & college publications (attach paper with this info)
5. **Provide 4 copies of original application form plus all required info (5 complete collated packets)**
6. Fill out the teacher recognition form, indicating the high school teacher or college professor who most motivated you or inspired your interest in neuroscience

**Principal Investigator: (Student is responsible for providing 4 copies of the following in the above 5 packets)**

1. Provide a **short NIH type CV** with selected publications (plus **4 additional copies**)
2. Provide a **statement on letterhead** (with **4 additional copies**) describing the student applicant's qualifications for the Summer Research Fellowship
3. Describe the training that he/she will receive.
4. Please indicate how the research in your laboratory is funded.



**“Brain Research- A Bright Idea”**

**Irene & Eric Simon Brain Research Foundation**

**#210 270 Sparta Ave. Suite 104 Sparta, New Jersey 07871**

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**High School Teacher or College Professor who most inspired my interest in Neuroscience**

Name of Teacher/Professor: \_\_\_\_\_

High School or College \_\_\_\_\_

Class(es) taught \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

How this teacher motivated or interested you in neuroscience. Why you think this teacher is deserving of recognition.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Please attach a paper if you need more space.**

Name of student: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How (and when) you know (knew) the teacher nominated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail by March 15, 2010 to the above address.