2027 Summer Fellowship Program Application

Irene & Eric Simon Brain Research Foundation 973 726-6218 www.iesBrainResearch.org

Mail to: IES Brain Research Foundation (NO EMAIL OR FAX applications accepted)

5 Hickory Trail Sparta, NJ 07871

****The student applicant is responsible** to mail **ALL** materials **in one packet** that are required **from BOTH the student and the Faculty Sponsor**. **Must be postmarked by March 10th.**

PLEASE PRINT CLEARLY OR TYPE ALL in black ink!

*****Incomplete, difficult to read, or illegible applications will NOT be considered.***

Name of Student Applicant:_____

University_____ Current Level _____ (Undergrad Fresh, Soph, Jr., Sr. or G1, M1)

Mailing Address through May 15th: _____

Mailing address May 15th-Sept. 1st _____

Mailing address Fall of 2027 _____

Permanent Mailing Address: _____

E-mail Address: _____ or _____

Telephone: _____ Cell Phone _____ Other_____

Student Project Title: _____

Disease working on_____ Neuroscience area _____

Start & Finish Dates: _____ How learned of IESBRF Fellowship _____

Faculty Sponsor's Name & Title: _____

Position: _____ Research Area: _____

E-mail Address: _____ Telephone: _____

Institution & Department_____

Faculty Sponsor Complete Mailing Address: _____

_____

_____

To be eligible for consideration, student must mail: 4 complete, collated packets of all student plus faculty sponsor requirements. It all must be *mailed together in 1 package and postmarked by March 10th*

EACH COLLATED PACKET MUST INCLUDE in the following order: (NO STAPLES; only paper clips)

***** Incomplete or illegible applications will NOT be considered.***

From Student

1. Legible application completely filled out (Typed or legibly printed black ink)
2. 1-page personal statement of education & career goals, how the proposed summer research will advance both, and how your project will benefit others.
3. A resume, including summary of undergraduate (& graduate, if applicable) courses & grades (official transcript **not** necessary) and description of research experience (if any).
4. **Indicate any other sources & amounts of financial support applied for or available to you**.
5. Names, emails & **contact info for newspapers**: local to where you grew up, are living, went to high school & college, plus any college newspapers, etc. (if receive award, may submit)
6. Filled out teacher recognition form, indicating the person (schoolteacher or college professor who was the first to motivate you or inspire your interest in neuroscience/learning about the brain)

From Faculty Sponsor: (**to be included in student applicant packet in the following order**)

7. A **short NIH type CV** with selected publications
8. A **statement on letterhead** describing the student applicant's qualifications for the Summer Research Fellowship
9. Description of the training that the student fellow will receive.
10. Indicate how the research in his/her laboratory is funded.

"Brain Research- A Bright Idea"
Irene & Eric Simon Brain Research Foundation
5 Hickory Trail Sparta, New Jersey 07871
973 726-6218 www.iesbrainresearch.org

Who first inspired my interest in Neuroscience (learning about the brain)

Name:_____

If teacher: School or College (plus grade level) _____

Class(es) taught _____

Mailing Address:_____

_____

E-mail Address: _____ **Telephone**:_____

How did this person motivate or interest you in neuroscience and/or learning about the brain? Why do you think this person is deserving of recognition?

_____

_____

_____

_____

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_____

_____

_____

Please attach a typed paper if you need more space.

Name of student applicant: _____

E-mail Address: _____ **Telephone**:_____

Mailing Address:_____

_____

_____

How do you know and when did you meet the person nominated _____

_____

_____

Include a copy of the application and teacher recognition form in each of your 4 packets.
Mail the 4 packets to the above address. Must be postmarked by March 10, 2027.