





**AMERICAN SOCIETY OF HEMATOLOGY (ASH™)  
Minority Recruitment Initiative**

**ASH Minority Medical Student Award Program Application**

(Receipt Deadline: March 8, 2012)

**Applicant Information**

Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Place of Birth:	
SSN:	Citizenship:	
Medical School:		
Current year of medical school (1 <sup>st</sup> , 2 <sup>nd</sup> ):	Expected Date of Graduation:	
Current Address:		
Telephone:	Fax:	
Permanent Address:		
School e-mail:	Personal e-mail:	

**Applicant Eligibility**

For the purposes of this program, minority is defined as individuals from racial and ethnic groups that have been shown to be underrepresented in health-related sciences in the United States and Canada, including American Indians or Alaska Natives, Blacks or African Americans, Hispanics or Latinos, Native Hawaiians or Other Pacific Islanders, African Canadians, Inuit, and First Nation Peoples. Explain how you meet this criterion. Please limit your response to 50 words or fewer.



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**Research Project Overview**

**Project Title:**

<b>Indicate your area of research interest as it relates to this application (please choose one).</b>	
<input type="checkbox"/> Red cell physiology/red cell disorders	<input type="checkbox"/> Clinical BMT/stem cell transplantation/GVH/immunization
<input type="checkbox"/> Leukocytes/inflammation/immunology/lymphocytes	<input type="checkbox"/> Gene therapy/gene transfer
<input type="checkbox"/> Hemostasis/thrombosis/vascular wall biology	<input type="checkbox"/> Cell metabolism/resistant mechanisms
<input type="checkbox"/> Transfusion medicine	<input type="checkbox"/> Signal transduction/cell death
<input type="checkbox"/> Hematopoiesis/stem cell biology/microenvironment	<input type="checkbox"/> Epigenetic/transcriptional control/MiRs
<input type="checkbox"/> Myeloid malignancies (incl. myeloproliferative disorders)	<input type="checkbox"/> Health services/outcomes
<input type="checkbox"/> Lymphoid malignancies (including plasma cell disorders)	<input type="checkbox"/> Genome-wide sequencing/imaging/other technologies

**How did you learn about the MMSAP?** (Check all that apply).

- |   |   |
|---|---|
| <input type="checkbox"/> Poster                                   | <input type="checkbox"/> Medical School Administrator |
| <input type="checkbox"/> ASH web site                             | <input type="checkbox"/> MMSAP participant (Name):    |
| <input type="checkbox"/> Medical School Faculty Member<br>(Name): | <input type="checkbox"/> Other (please specify):      |



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**Post-secondary Education**

<b>Institution &amp; City</b>	<b>Years Attended</b>	<b>Field(s) of Study</b>	<b>Degree</b>	<b>GPA</b>

**Research Experience**

List any prior research experiences below. Use the **Details** column to describe primary research objectives, techniques or skills acquired, and abstracts, posters, talks, or manuscripts resulting from your work. Attach additional pages if necessary.

<b>Project Title &amp; Date(s)</b>	<b>Institution &amp; Supervisor</b>	<b>Details</b>



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**Personal Statement**

Explain your interest in hematology and/or hematological research, and why you should be considered for an MMSAP award. Explicitly state your educational objectives and career goals. Explain what you perceive your needs to be in realizing your career goals. The narrative should also detail personal, academic, and/or research experiences that shaped your interest in the MMSAP program. Attach up to one additional page if necessary.



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**Research Mentor**

This section *must* be completed. Applications that do not specify a Research Mentor will not be reviewed. If you need assistance identifying a Research Mentor, contact ASH at [awards@hematology.org](mailto:awards@hematology.org), **by 11:59 pm EST Friday, February 1, 2012.**

Name:		Degree(s):	
Position:			
Institution:			
Address:			
Telephone:		Fax:	
e-mail:			

The Research Mentor is a member of the American Society of Hematology as of March 8, 2012. I understand that if my Research Mentor is *not* an ASH member as of this date, my application will not be reviewed.

**Additional Information**

Please attach a written endorsement from your Research Mentor that states his/her agreement to work with you. The letter should discuss the guidance and counsel he/she will offer you during and after your research experience, describe the environment at the institution that will host your research project, and detail his/her past mentoring experiences. The letter must also state which component(s) of the research project description were prepared by the applicant. The Research Mentor should provide an NIH-formatted biosketch that includes his/her current source(s) of funding.

**Current/Past MMSAP Participants**

If you propose to change your Research Mentor, you must provide a justification. Please limit your response to 100 words or fewer.



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**Research Project**

**Project Title:**

Describe *in your own words* the research experience you propose to undertake if you are selected to participate in the MMSAP program. Clearly state (a) relevant scientific and/or clinical background, (b) the overall research objective(s), and (c) your specific role in the project. Please limit your response to two, single-spaced pages using any standard 12-point font. Applicants should complete this section in consultation with the Research Mentor; however, ***statements that appear to be written by the Research Mentor will be viewed unfavorably.***



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**RELEASE**

I authorize my medical school to release information concerning my academic status to the American Society of Hematology (ASH) in support of my application for the Minority Medical Student Award Program (MMSAP). I understand that this application and all supporting documents will be reviewed by members of the ASH Committee on Promoting Diversity, and give permission for such materials to be copied and distributed for this purpose. I agree to provide information as needed for evaluation purposes. I also give my medical school permission to release information to ASH in the future, including plans for post-graduate training and any changes in address.

By electronic typing your name below, you are agreeing to the terms of the American Society of Hematology Minority Medical Student Award Program release.

Name:

Date:

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*Type your name into the space above to sign the application.*