AMERICAN SOCIETY OF HEMATOLOGY (ASH™)
Minority Recruitment Initiative

ASH Minority Medical Student Award Program Application

(Receipt Deadline: March 8, 2013)

APPLICATION INSTRUCTIONS

To be considered for an MMSAP award you must submit:

- ☐ **A completed application form.**
- ☐ **A current resume that lists:**
  - Schools that you have attended, including dates, field(s) of study, and degrees earned. Please include your GPA or other measure of class standing.
  - Post-graduate education.
  - Past research experiences, including dates, institutions, names of laboratory directors, and brief descriptions of what you accomplished.
  - Honors, awards, and memberships in honorary societies.
  - Other accomplishments (e.g., volunteer work, leadership positions, unusual experiences).
  - Publications, abstracts, and/or talks that you have presented, as well as research meetings, retreats, or similar programs that you have attended.
- ☐ **A letter of recommendation from the dean of your medical school that:**
  - Confirms your academic status.
  - Accounts for any breaks in your medical school education.
  - Describes academic difficulties (if any) and steps that have been taken to remedy them.
  - Explains your eligibility as an underrepresented minority.
- ☐ **A letter of recommendation from an advisor or medical school instructor that:**
  - Articulates why you are an outstanding candidate for this award.
  - Explains why participation in the MMSAP program would benefit your career development.
- ☐ **A letter of endorsement from your Research Mentor that:**
  - Discusses the guidance and counsel he/she will offer you during and after your research experience.
  - Describes the environment at the institution that will host your research project.
  - Details his/her past mentoring experiences.
  - Specifically states which component(s) of the research project description were prepared by you.
- ☐ **A copy of your research mentor's NIH-formatted biosketch that includes current sources of funding**
- ☐ **Current/past MMSAP participants only: you must submit a letter from your MMSAP Career Development Mentor that:**
  - Discusses the guidance and counsel he/she has offered you during your participation in the program.
  - Highlights the progress of your career.
  - Includes a copy of his/her NIH-formatted biosketch.

SUBMISSION PROCESS

- Applications must be submitted electronically to awards@hematology.org by **11:59 pm Eastern Standard Time, March 8, 2013.** Late or incomplete applications will not be reviewed.
- Only electronic submissions will be accepted.
- Submissions must include the documents listed above, in the stated order, **compiled in a single .pdf file.**
- The file should be named in the following format: MMSAP *Applicant Lastname-Firstname* Application 2013.pdf.

☐ I am a current/past MMSAP participant and am applying for a second research experience. My initial experience was in _____ (year). Please see Research Mentor page for additional information.

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Applicant Information

Name:	Gender: ☐ Male ☐ Female
Date of Birth:	Place of Birth:
SSN:	Citizenship:
Medical School:	
Current year of medical school (1st, 2nd):	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, Innuit, 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:

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

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

☐ Poster
☐ ASH web site
☐ Medical School Faculty Member
☐ MMSAP participant (Name):
☐ Other (please specify):
☐ Medical School Administrator (Name):

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Post-secondary Education

Institution & City	Years Attended	Field(s) of Study	Degree	GPA

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.

Project Title & Date(s)	Institution & Supervisor	Details

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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*, **by 11:59 pm EST Friday, January 4, 2013.**

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, 2013. 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: _____

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