2015 NREF Medical Student Summer Research Fellowship (MSSRF)

**Purpose:** To provide first or second year medical students the opportunity to participate in neurosurgical research through a summer fellowship within an academic department of neurosurgery in the United States or Canada. Areas of study may incorporate any aspect of neurological surgery.

**Fellowship Amount:** The fellowship will provide salary support of $2,500 for a period of at least two (2) months. The $2,500 is intended as a stipend for the entire salary of the medical student. The stipend is not intended to supplement an additional funding source.

**Eligibility:** The fellowship is open to US and Canadian medical students. PhDs or MD/PhD students, who are presumably committed to research careers, are not eligible for this award.

**Selection Process:** Fellowship awardees will be notified by Wednesday, April 1, 2015. The fellowship will be a minimum of two (2) months in length and commence the summer immediately following the award. The deadline for application is on Friday, February 6, 2015. Applications will be reviewed based upon the scientific merits of the proposed project, the credentials of the applicant, letters of reference, the preceptor statement and the support provided by the sponsoring program/laboratory. 20 fellowships will be awarded. Once the Fellowship is awarded, the proposed project cannot be changed.

**Application:** Must be submitted electronically to grants@nref.org. The application should include a Bio-sketch (standard 2 page NIH format) of the applicant, a description of future plans, and a statement of why this fellowship is of interest to the applicant and why it would be beneficial to him/her. Please refer to word limit in Student Statement section.

**Responsibilities of the Fellow:** The successful fellow will submit a written report/paper and an abstract to the NREF within 30 days of the conclusion of the fellowship. The report should be two pages in length and consist of a one page narrative describing the fellow’s personal experience with the fellowship as well as a one page abstract (250 words or less), suitable for submission. The fellow whose application is judged to be the best submission will receive a travel stipend to attend the next AANS Annual Meeting and the report will be considered for presentation at the meeting.

**Responsibilities of the Preceptor:** The student’s preceptor, who must be a member of the AANS, will be required to submit his/her bio-sketch, (standard NIH format – 2 page maximum), statement and a letter in support of the applicant. The letter of support should verify the preceptor’s willingness to mentor the applicant and provide necessary space and supplies for the applicant during the fellowship period. Two additional letters of recommendation are also required.

**Administration:** The NREF will be the official administrator of the fellowship; the NREF will oversee the application process including receipt, processing and organizing review of the applications. The NREF will manage the financial aspects of the fellowship and the distribution of funds to the applicant. Funds will be distributed to the host institution through the grants office in June.

Please submit the completed application BY Friday February 6, 2015 electronically as one PDF to grants@nref.org.
I. General Information.

Name: 

Address (at which you receive mail): 

Phone: E-mail Address: 

Date of Birth: Country of Citizenship: 

II. Preceptor & Grants Officer Information.

A. Preceptor Name: 

Title: E-mail: 

Department: 

Host Institution: 

Address: 

Phone number: Fax: 

B. Grants Officer Name: 

Title: E-mail: 

Phone number: Fax: 

C. Payee: 

Payee Address: City, State Zip: 

Institution Tax Id Number: 

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III.  Letters of Reference.  A total of three (3) letters are required as part of this application.

A.  Letter of support from your preceptor
B.  Letter of reference from your Medical School Dean or appropriate faculty member familiar with applicant’s scientific interests and abilities.
C.  Letter of reference from a faculty neurosurgeon.

Please provide the names and e-mail addresses of persons providing letters of support.

Name:  ____________________________  Email:  ____________________________
Name:  ____________________________  Email:  ____________________________
Name:  ____________________________  Email:  ____________________________

IV. Applicant Documents. Please provide the following information:

A.  Biographical sketch (standard 2 page NIH format) from:
   a.  Fellow
   b.  Preceptor
B.  Awards and honors
   a.  Fellow

V. Student Statement. The applicant must provide a statement regarding his/her perspective describing the purpose of the fellowship, the implications of the project and what the student will accomplish during the fellowship period (400 words or less).

VI. Project Information. Provide a brief abstract or summary of your project, including the title, hypothesis, methods, data analysis and anticipated outcomes (250 words or less).

VII. Goals. Describe how your selection as a Medical Student Summer Research Fellow will help you attain your goals in medicine (250 words or less).
VIII. Preceptor Statement. The preceptor must provide a statement of the following:

- A description of the proposed research fellowship, including the facilities and personnel to be involved.
- A description of his/her responsibilities towards the student’s training, and other academic and administrative responsibilities.
- The duties and responsibilities of the student, the total duration and dates of the fellowship period, and the specific education and training that will be provided.
- A listing of the preceptor’s research funding during the proposed fellowship period.
- A list of his/her trainees and project titles for the past five (5) years.
- Agreement to accept responsibility for supervision of the project, to submit a written report to the NREF at the end of the student’s program, and to pay the entire fellowship amount to the Student Research Fellow as a stipend via his/her institution.
APPLICATION AND LETTERS OF REFERENCE MUST BE RECEIVED BY FEBRUARY 6, 2015

NOTIFICATION OF AWARD WILL BE POSTED BY APRIL 1, 2015 ON www.NREF.org

I have reviewed this application for NREF Medical Student Summer Research Fellowship Award and to the best of my knowledge, the information enclosed is accurate. I agree to release and hold harmless the Neurosurgery Research & Education Foundation (NREF), its members, officers, and agents from any complaints or claims or demands for damage or otherwise, by reason of any act of omission or commission that they may make in connection with this application, including but not limited to the evaluation of the application and the final decision with respect to its approval and/or funding. It is understood that the decisions as to whether this application qualifies me for approval and/or funding rests solely and exclusively on the NREF Boards of Directors, based on the recommendations of the NREF sub-committee, and that their decision is final. I understand that I will be legally bound by the foregoing.

Please review and complete check list before signing application:

☐ I am a first or second year medical student.
☐ My preceptor is a member of the AANS.
☐ I have included three (3) letters of reference:
  o Preceptor
  o Medical School Dean
  o Faculty Neurosurgeon
☐ I have included the title of my project.

APPLICANT NAME: __________________________________________________________

SIGNATURE: ____________________________ DATE: ________________