

**APPLICATION FOR MEDICAL STUDENT RESEARCH FELLOWSHIPS, 2024**  
**Summer Research Stipend**

Name of Student \_\_\_\_\_ Grad Year \_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Geisel ID # \_\_\_\_\_ Date of birth \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ If No, Eligible for Federal Aid: Yes \_\_\_\_ No \_\_\_\_

FAFSA COMPLETE Date: \_\_\_\_\_

Mentor/preceptor **name and department** for research project (please print legibly):

\_\_\_\_\_

Dates of project: from: \_\_\_\_\_ to: \_\_\_\_\_

What will be your role in the research project? (in one sentence):

**I understand that as a condition of receiving support, I will be required to work with a Geisel faculty member for the full 200 hours and will submit a poster at the Research Poster Presentation event.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature

**For the Faculty Preceptor:**

Please attach a one-paragraph description of the project/work and the student's role in the project.

\*Your signature below indicates that you agree to supervise this student for the time specified. You also agree to supervise the student in the preparation of a poster to be presented as the final project required in exchange for funding.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
\*Preceptor's Signature

Comments:

**Return completed form to the Financial Aid Office by April 15.**