**2019-2020 Application**

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD**

**MINORITY ACCESS TO RESEARCH CAREERS (MARC U\*STAR)**

**Program supported by the National Institutes of Health (NIH)**



**Applicant and Faculty Research Mentor:**

The goal of CSUB’s Maximizing Access to Research Careers (MARC U\*STAR) program is to increase the number of well-trained students applying to and getting into Ph.D. programs in the Biomedical and Behavioral Sciences. The program supports undergraduate students who are underrepresented in the biomedical and behavioral sciences to enhance preparation for entrance into graduate programs at the Ph.D. level. Applicants must be students majoring in the fields of either Chemistry, Biology, Mathematics, or Psychology who have a real and committed desire to pursue postgraduate studies leading to a Ph.D. in the biomedical and behavioral fields. The period of appointment to the MARC U\*STAR program is a consecutive 24-month period during the final 2 years of undergraduate study when students are in their junior and senior years. The cornerstone of the program is to support undergraduate student research and to support faculty that serve as faculty research sponsors.

**The Deadline for the 2019-2020 Application is April 26, 2019**

Submit your complete application to:

Patty Acosta MARC U\* Star Program Coordinator

DDH H108, pacosta1@csub.edu

California State University, Bakersfield, 9001 Stockdale Hwy

Bakersfield, CA 93311-1099

or

Dr. Isabel Sumaya, MARC U\* Star Program Director

DDH H108, Department of Psychology, isumaya@csub.edu

California State University, Bakersfield

9001 Stockdale Hwy

Bakersfield, CA 93311-1099

For questions, please call Patty Acosta (661) 654-3393 or Dr. Sumaya at: (661) 654-2381

To assure eligibility requirements student must:

**Eligibility Requirements:**

* Commit to two (2) years in the program beginning in the junior year
* Engage in research part-time during the regular school year and full-time during the 10 week summer period at either CSUB or at an partner UC campus
* Plan to pursue a Ph.D.
* Be a U.S. citizen or permanent resident
* Be enrolled full-time at CSUB
* Have earned a minimum of 90 university units and junior status
* Have an overall GPA of at least 3.1 or higher (also in the major)
* Have a Research Faculty Mentor doing research in the biomedical and behavioral fields

**Students will receive:**

* Up to $14,000.00 stipend to support research activity and tuition yearly
* One-on-one research mentoring
* Funding for laboratory supplies
* Assistance with placement in a summer research experience with a paid stipend either at CSUB or at a partner UC campus with lodging and travel paid
* Specialized workshops and seminars on promoting research skills, the understanding of bioethics, critical thinking skills, as well as leaderships skills
* Assistance with graduate application fees & GRE fees
* Funding for travel to scientific meetings
* Funding to visit graduate programs

**Faculty Mentors will receive:**

* A paid research trainee (20 hours/week) for two years
* Support for research/lab supplies $3,000 for each year
* Mentor stipend of $3,000 each year

**Students Must Submit the Following Documents Along With An Application**

* Official or Unofficial transcripts
* 2 letters of recommendation (one from the Faculty Research Sponsor)
* Two Personal statements (no more than one page each): 1) describing your educational and career plans in the biomedical/behavioral fields and how a biomedical/behavioral research experience would benefit you, 2) describing your research experience and research goals
* A two-year Faculty Mentor Research Plan (one page)
* Two signed waivers, one for each letter of recommendation
* Class schedule for Fall 2019

Note: Recommenders must be from your major or minor.



**MARC U\* STAR Faculty Research Mentor Recommendation Form**

**Part A. Complete by Applicant**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access this letter of recommendations or to decline to waive your access. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

❑ I waive my right to review this recommendation

❑ I do not waive my right to review this recommendation

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B. Complete by Faculty Research Mentor**

The applicant listed above is applying for a research training fellowship in the MARC U\*STAR program at CSUB, and has listed you as their faculty research mentor. The program involves a two-year commitment on your part to provide a rigorous research training experience as preparation for entrance into a Ph.D. program in the Biomedical and Behavioral Sciences. Your role in the fellowship is to provide the trainee with a meaningful research experience that can either represent a new research project or an ongoing research project in your lab. You will also be asked to meet with other mentors and the Director throughout the school year to 1) network with other mentors, and 2) to assure the student is on track. Please provide a letter of recommendation for the applicant that describes the applicant’s potential for success in a research career in the biomedical and behavioral sciences. Please include the following areas in your evaluation of this applicant:

1. How long have you known the applicant and in what capacity

2. Motivation for a career in the biomedical and behavioral sciences

3. Laboratory research skills or potential for research skills

4. Perseverance to attain goals, willingness to work hard

5. Academic preparation

6. Strengths and Weaknesses

You will also need to submit a separate document, a two year Faculty Research Mentor Plan (limited to one page providing a project title, brief method and a timeline for completing the project). Make sure to include a statement on how the research in the plan is linked to the Biomedical and Behavioral fields. If the applicant is accepted into the program, the project must have approval from the HSIRB or the IACUC if applicable prior to beginning the project. Please state in your research plan whether HSIRB or IACUC approval has been granted if applicable.

**Instructions for Student Applicant:**

Please fill out Part A. and then give the form to your Faculty Research Mentor. Please ask your chosen mentor to return the signed form along with a letter of recommendation and the Faculty Research Mentor Plan in a sealed, signed, envelope, to you. You will need to include the signed, sealed envelope from your faculty mentor in with your application materials. You are responsible for the submission of the application.

**Instructions for Faculty Research Mentor:**

Please return this form in a signed, sealed envelope to the applicant as well as the two year Faculty Research Plan. Your letter and plan will be most critical in distinguishing this applicant from others. If you have any questions about your role in providing mentorship in this program please contact me (Isabel Sumaya, 654-2381, isumaya@csub.edu) for further information.

**By signing below, I am agreeing to serve as the applicant’s Faculty Research Mentor in the MARC\*U Star Program for a 2-year period.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**MARC U\* STAR Faculty Recommendation Form**

**Part A. Complete by Applicant**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access this letter of recommendations or to decline to waive your access. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

❑ I waive my right to review this recommendation

❑ I do not waive my right to review this recommendation

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B. Complete by Faculty Recommender (2nd Recommender)**

The applicant listed above is applying for a research training fellowship in the MARC U\*STAR program at CSUB. The program supports undergraduate students who are underrepresented in the biomedical and behavioral sciences to enhance preparation for entrance into graduate programs at the Ph.D. level. Please provide a letter of recommendation for the applicant that describes the applicant’s potential for success in a research career in the biomedical and behavioral sciences. Please include the following areas in your evaluation of this applicant:

1. How long have you known the applicant and in what capacity

2. Motivation for a career in the biomedical and behavioral sciences

3. Laboratory research skills or potential for research skills

4. Perseverance to attain goals, willingness to work hard

5. Academic preparation

6. Strengths and Weaknesses

**Instructions for Student Applicant:**

Please fill out Part A. and then give the form to your Faculty Recommender. Please ask your recommender to return the signed form along with a letter of recommendation in a sealed, signed, envelope, to you. You will need to include the signed, sealed envelope from your recommender with your application materials. You are responsible for the submission of the application.

**Instructions for Faculty Recommender:**

Please return this form in a signed, sealed envelope to the applicant. Thank you for your letter as it will assist us in distinguishing this applicant from others.

**Please fill out and sign below**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_