

# APPLICATION FORM

**Yale University**  
**National Institutes of Health Post-Baccalaureate Research Education Program (NIH PREP)**  
**Application Deadline: February 28**

The Yale National Institutes of Health Post-Baccalaureate Research Education Program (NIH PREP) is a one-year experience that will provide recent baccalaureate graduates with faculty-mentored research training in the biomedical sciences and educational preparation for graduate school admission. All are welcome to apply. The program is particularly interested in identifying and providing research experience to students from backgrounds that have been underrepresented in their chosen fields of study, e.g., historically underrepresented minority students, first-generation college graduates, students from economically disadvantaged backgrounds, or women in some STEM fields. The program dates are June 15 – May 31.

**PLEASE TYPE OR PRINT IN INK THE INFORMATION REQUESTED BELOW.**

IF ANY ADDITIONAL SPACE IS NEEDED, USE A SEPARATE SHEET OF PAPER WITH YOUR NAME AND CURRENT/FORMER UNDERGRADUATE INSTITUTION CLEARLY INDICATED.

**PERSONAL INFORMATION: (PLEASE PRINT OR TYPE)**

FULL NAME      LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ FEMALE    \_\_\_\_\_ MALE      CITIZENSHIP STATUS:    \_\_\_\_\_ US CITIZEN    \_\_\_\_\_ PERMANENT RESIDENT    \_\_\_\_\_ FOREIGN CITIZEN

**ONLY U.S. CITIZENS AND U.S. PERMANENT RESIDENTS ARE ELIGIBLE TO APPLY.**

|  |  |
|--|--|
| <b>MAILING ADDRESS VALID UNTIL</b> ___/___/___<br><br>STREET _____<br><br>CITY _____<br><br>STATE _____ ZIP CODE _____<br><br>COUNTRY _____<br><br>DAYTIME<br>PHONE NUMBER: _____<br><p style="text-align: center;">(AREA CODE) AND PHONE NUMBER</p> | <b>PERMANENT ADDRESS</b><br><br>STREET _____<br><br>CITY _____<br><br>STATE _____ ZIP CODE _____<br><br>COUNTRY _____<br><br>DAYTIME<br>PHONE NUMBER: _____<br><p style="text-align: center;">(AREA CODE) AND PHONE NUMBER</p> |
|--|--|

|                              |
|------------------------------|
| <b>E-MAIL ADDRESS:</b> _____ |
|------------------------------|

**ACADEMIC INFORMATION:**

UNDERGRADUATE INSTITUTION: \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_ OTHER \_\_\_\_\_

OVERALL CUMULATIVE GPA: \_\_\_\_\_ CUMULATIVE GPA IN MAJOR: \_\_\_\_\_ EXPECTED DATE OF GRADUATION \_\_\_\_\_  
MONTH/YEAR

**YOU MUST HAVE A BACHELOR'S DEGREE OR WILL RECEIVE THE BACHELOR'S DEGREE PRIOR TO THE START OF THE NIH PREP.**

**RACIAL/ETHNIC BACKGROUND:**

\_\_\_\_\_ BLACK/AFRICAN AMERICAN \_\_\_\_\_  
\_\_\_\_\_ HISPANIC/LATINO (PLEASE SPECIFY) \_\_\_\_\_  
\_\_\_\_\_ NATIVE AMERICAN (PLEASE SPECIFY TRIBE/NATION) \_\_\_\_\_  
\_\_\_\_\_ NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER (PLEASE SPECIFY) \_\_\_\_\_  
\_\_\_\_\_ WHITE/CAUCASIAN (PLEASE SPECIFY) \_\_\_\_\_  
\_\_\_\_\_ BIRACIAL/MULTIRACIAL (PLEASE SPECIFY) \_\_\_\_\_  
\_\_\_\_\_ OTHER BACKGROUND (PLEASE SPECIFY) \_\_\_\_\_

**YALE NATIONAL INSTITUTES OF HEALTH POST-BACCALAUREATE RESEARCH EDUCATION PROGRAM (NIH PREP) APPLICATION CONT'D.**

WHICH ACADEMIC DEGREE(S) DO YOU INTEND TO PURSUE BEYOND THE BACHELOR'S DEGREE? (CHECK ONE OR MORE OF THE FOLLOWING):

\_\_\_\_ PH.D.    \_\_\_\_ M.D./PH.D.    \_\_\_\_ M.D.    \_\_\_\_ J.D.    \_\_\_\_ MBA    \_\_\_\_ OTHER: \_\_\_\_\_

HAVE YOU EVER PARTICIPATED IN A POST BACCALAUREATE RESEARCH TRAINING PROGRAM? \_\_\_\_ YES    \_\_\_\_ NO

IF YES, LIST THE PROGRAM(S) YOU HAVE PARTICIPATED IN AND THE YEAR(S):

**Diversity Statement:** Yale is committed to creating a sense of understanding and respect among all students while simultaneously creating a more diverse and inclusive campus community. Please describe your thoughts on diversity, social justice, and equity. Your response should not exceed the space provided below. You may include any relevant campus or community activities you are or have been involved with that have or had the goal of creating a more inclusive environment.

**RESEARCH INTERESTS** (PLEASE INDICATE WHAT AREAS OF RESEARCH YOU ARE MOST INTERESTED IN PURSUING DURING YOUR YALE NIH PREP PARTICIPATION. IF YOU HAVE PARTICULAR FACULTY MENTORS IN MIND, PLEASE PROVIDE NAMES AND PROGRAMS):

**YALE NATIONAL INSTITUTES OF HEALTH POST-BACCALAUREATE RESEARCH EDUCATION PROGRAM (NIH PREP) APPLICATION CONT'D.  
LETTERS OF RECOMMENDATION (3 LETTERS ARE REQUIRED):**

NAMES, TITLES AND INSTITUTIONAL AFFILIATIONS OF RECOMMENDERS (FACULTY MEMBERS OR PREVIOUS RESEARCH SUPERVISORS):

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

**YOUR COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:**

- **CURRENT RESUME OR CURRICULUM VITAE (CV)**  
Include a copy of your updated resume or CV with this application.
- **RECOMMENDATION LETTERS**  
Three letters of recommendation must be included with the application materials in sealed envelopes with the recommender's signature across the seal. **Any letters received separate from the application may not be reviewed and your application may be deemed incomplete.**
- **TRANSCRIPT**  
Current unofficial transcript(s) are to be included with the application. If you are accepted into the program, an official transcript, with the raised seal, indicating completion of the Bachelor's degree, will be required at the start of the program.
- **PERSONAL STATEMENT**  
Statement must fit into the one page form provided (see following page)

**INFORMATION VERIFICATION:**

ALL INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MAIL ALL APPLICATION MATERIAL IN A SINGLE ENVELOPE TO:**

YALE GRADUATE SCHOOL OF ARTS AND SCIENCES  
NIH POST BACCALAUREATE RESEARCH EDUCATION PROGRAM (NIH PREP)  
ATTN: MICHELLE NEARON  
1 HILLHOUSE AVE.  
NEW HAVEN, CT 06511

**APPLICATION MATERIAL MUST BE POSTMARKED NO LATER THAN: FEBRUARY 28**

**IF YOU HAVE ANY QUESTIONS ABOUT NIH PREP OR THE APPLICATION PROCESS, PLEASE CONTACT:**

DR. MICHELLE NEARON, ASSOCIATE DEAN  
YALE NIH PREP PROGRAM CO-DIRECTOR  
PHONE: (203) 436-1301  
E-MAIL: MICHELLE.NEARON@YALE.EDU

**PERSONAL STATEMENT**

Provide a brief statement that indicates your commitment to a career in research. Be sure to include why you believe participation in this one-year NIH PREP will enhance your chances of getting into a top PhD graduate program. Also, please briefly describe any pertinent research experiences.

**YALE NATIONAL INSTITUTES OF HEALTH POST-BACCALAUREATE RESEARCH EDUCATION PROGRAM  
RECOMMENDATION FORM**

(PLEASE MAKE ADDITIONAL COPIES AS NEEDED)

**STUDENT APPLICANT NAME:** \_\_\_\_\_

The above named individual is applying for a post baccalaureate research training program at the Yale University Graduate School of Arts & Sciences. Please comment on your relationship to the applicant, your knowledge of the applicant's abilities, and your opinion of his/her potential for a career in the research field of his/her choice. Please also specify why you believe one year of additional research experience and training will improve the student's chances of gaining entry to a top PhD graduate school program. Please return this form to the student in a sealed envelope signed across the seal by you to be mailed along with his/her application materials. Please note that letters of recommendation sent separately may not be reviewed. If you have further questions, please call Dr. Michelle Nearon at (203) 436-1301.