

**ARIZONA STATE UNIVERSITY**  
**School of Life Sciences Undergraduate Research (SOLUR)**



**RESEARCHER PROGRAM**

**Application for Academic Year Grant 2008-09**

Funded by the School of Life Sciences, Arizona State University and  
the Howard Hughes Medical Institute, Undergraduate Science Education Program

**APPLICATIONS ARE DUE JANUARY 25, 2008, by 5:00 pm in the**  
**School of Life Sciences Enrichment Program (SOLSEP) Office, Undergraduate Programs, LSC 226.**  
**Submit four (4) collated copies of the complete application packet (one original, three copies)**

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**I. PERSONAL**

Name: \_\_\_\_\_

ASU ID No: \_\_\_\_\_

Affiliate ID No: \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Current Phone #: ( ) \_\_\_\_\_ Permanent Phone #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**II. EDUCATION**

High School/College or University: \_\_\_\_\_

Undergraduate Status: FR / SO / JR / SR Major: \_\_\_\_\_

ASU Hours Completed: \_\_\_\_\_ GPA (ASU): \_\_\_\_\_

Transfer Hours Completed: \_\_\_\_\_ GPA (Transfer): \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ AP/CLEP Hours: \_\_\_\_\_

**III. SOLUR SUPPORT**

I am requesting SOLUR support for: (Please check only one)

- |  |   |
|--|---|
| <input type="checkbox"/> Summer 2008 only (Continuing students only) | <input type="checkbox"/> Summer 2008 <b>and</b> Academic Year 2008-09 |
| <input type="checkbox"/> Summer 2008 & Fall 2008 only                | <input type="checkbox"/> Academic Year 2008-09 only                   |

**IV. RESEARCH EXPERIENCE**

Please list prior research experience below (date, duration, description of responsibilities, supervisor).

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## WHAT YOU NEED TO DO TO APPLY FOR THE SOLUR RESEARCHER PROGRAM:

### V. STATEMENT OF INTEREST (maximum length: two typed pages)

Please provide a statement describing your interests in Life Sciences, career goals, and reasons why you want to get involved in research. Feel free to include brief descriptions of influential academic or personal experiences. In addition, please write a general statement that describes the research that you and your mentor have agreed you will conduct over the next year and the methods you will use in the project. **Note: This statement forms the basis of your application and will be read carefully by the selection committee.**

### VI. MENTOR/FACULTY COMMITMENT FORM AND STATEMENT OF SUPPORT

The Mentor/Faculty Commitment Form is attached (the form is also available on-line at <http://sols.asu.edu/ugrad/solur>). Your Mentor should complete the Mentor/Faculty Commitment Form, sign it, and attach a statement of support. The statement of support should include a very brief description of the planned research and specific commitments to salary matching, supervision time, access to equipment and space, and any other contributions such as travel and supplies.

### VII. CURRENT RESUME

Make sure you describe the timeframe and responsibilities of your previous research experience.

### VIII. AN UNOFFICIAL COPY OF COLLEGE TRANSCRIPT(S)

An unofficial copy of your ASU transcript can be accessed using ASU Interactive (<http://asu.edu/interactive>).

### IX. ONE LETTER OF RECOMMENDATION

Please provide one letter of recommendation from an individual other than your mentor who is familiar with your interests, skills, and/or career goals. Please ask the individual to address your background and skills as they are relevant to your potential success in the SOLUR program. A letter from a professor or teacher, advisor, or supervisor is preferred. The letter should be written on company/ departmental letterhead. A contact telephone number and/ or email address of the person writing the letter is appreciated. The letter should be submitted with your application in a sealed and signed envelope (author should seal envelope and sign across the back flap). Photocopies are not required.

Letter Author: \_\_\_\_\_

Company/ Business Name: \_\_\_\_\_

Telephone Number and/ or Email Address: \_\_\_\_\_

**IN ORDER TO APPLY FOR THE SOLUR RESEARCHER, YOU MUST SUBMIT FOUR (4) COPIES OF THE COMPLETED APPLICATION PACKET (one original, three copies). Application packets are due JANUARY 25, 2008, BY 5:00 pm in the SOLSEP Office, Undergraduate Programs, LSC 226. Incomplete application packets will not be reviewed. The packet consists of the following items:**

1. Completed and signed SOLUR Researcher Program Application Form;
2. Statement of Interest;
3. Signed Mentor/Faculty Commitment Form and Statement of Support;
4. Current Resume;
5. Unofficial copy of your college transcript(s); and
6. One letter of recommendation in a sealed envelope signed by the author of the letter (a photocopy of the letter is not required).

### APPLICANT SIGNATURE

By signing, you (the student applicant) are verifying that all information provided in the application and statement of interest is truthful.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY SURVEY**  
**ARIZONA STATE UNIVERSITY; SOLUR**

**TO ALL APPLICANTS**

The School of Life Sciences Undergraduate Research Program (SOLUR) is funded in part by the ASU Office of the Provost which is especially interested in helping to increase the numbers of women and minorities who pursue careers in the life sciences and related disciplines. The information below is kept for statistical reporting and is treated in a highly confidential manner. Your responses are strictly voluntary. However, we urge your cooperation in this manner as it will be most helpful to the Program staff.

**INSTRUCTIONS**

1. Print your name, social security #, or student ID # in the space provided.
2. Indicate the appropriate responses for items A through E

Name (Last,First,Middle)		Soc.Sec.# (optional)
Position Applied for SOLUR Researcher	Dept/Prog SOLUR	Job # (if known) N/A
<p>A. Ethnic/Racial Category</p> <input type="checkbox"/> White, not Hispanic (C); <input type="checkbox"/> Black, not Hispanic (B); <input type="checkbox"/> Hispanic (S); <input type="checkbox"/> Asian or Pacific Islander (R); <input type="checkbox"/> American Indian or Alaskan Native (A)		
B. Sex <input type="checkbox"/> Male (M); <input type="checkbox"/> Female (F)	C. Age Group <input type="checkbox"/> 40 & over (O)	D. Do you have a disability? <input type="checkbox"/> Yes (X); <input type="checkbox"/> No
<p>E. Check only one:      <input type="checkbox"/> Vietnam era veteran (V);      <input type="checkbox"/> Special disabled veteran (D)  <input type="checkbox"/> Special disabled Vietnam era veteran (S)</p>		

Return this form to:

School of Life Sciences Undergraduate Research (SOLUR) Program  
 Arizona State University  
 PO BOX 874701  
 Tempe AZ 85287-4701