



LSSURP Application 2021

Application for the Life Sciences Summer Undergraduate Research Programs (LSSURP)

Introduction

Application for Life Sciences Summer Undergraduate Research Programs (LSSURP)

Please remember to print/review the application [instructions from the LSSURP website](#).

Reminder, there are 9 sections to the application and each section must be completed before you can continue onto the next section:

1. Demographics
2. Academics
3. LSSURP Preference & Placement
4. Faculty Recommendations
5. Personal Narrative
6. Biographical Sketch
7. Diversity Statement
8. Unofficial Transcript
9. Verification of Application Submission

You will SUBMIT your application AFTER the final section which is verifying your application.

Demographics

Application Demographics

Full name

First

Middle

Last

Phone i.e. 612-123-4567

Current Phone

Cell Phone

Email Address

Primary Email

Secondary Email

Date of Birth (MM/DD/YYYY)

How do you describe your current gender identity?

- Male
- Female
- Trans male/Trans man
- Trans female/Trans woman
- Genderqueer/Gender non-conforming
- I prefer not to answer
- Other

What are your preferred pronouns?

- He/Him/His
- She/Her/Hers
- They/them/theirs
- I prefer not to say
- Other

United States Citizen?

- Yes
- No

Permanent Resident of the U.S. or its possessions (Puerto Rico, American Samoa, Guam, US Virgin Islands, and Northern Mariana Islands)

- Yes
 No

Do you currently hold a F-1, J-1, or K-1 Visa?

- Yes
 No

If you are an F-1, J-1, or K-1 Visa holder, you are not eligible for the LSSURP.
Thank you for your interest in our summer research program.

Application Demographics Continued

I identify myself as:

check any that apply

- African American
 American Indian/Alaska Native
 Asian American
 Caucasian
 Hispanic/Latino/Puerto Rican
 Native Pacific Islander/Native Hawaiian
 I prefer not to answer
 Other

Are you disabled? (Response to this question is optional)

- Yes
 No

Are you a first generation college student?

- Yes
 No

Are you a U.S Veteran?

- Yes
- No

Please read the instructions for this question carefully.

Do you come from a disadvantaged background? The NIH defines a disadvantaged background as if you meet at **least two** of the following criteria. Please select the following criteria that describes you. **If you do not meet at least two of the following criteria, please only select "I do not come from a disadvantaged background"**.

- Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act
- Were or currently are in the foster care system, as defined by the Administration for Children and Families
- Were eligible for the Federal Free and Reduced Lunch Program for two or more years
- Have/had no parents or legal guardians who completed a bachelor's degree (see the U.S. Department of Education)
- Were or currently are eligible for Federal Pell grants
- Received support from the Special Supplemental Nutrition Program for Women, Infants and Children as a parent or child
- Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas (qualifying zip codes are included in the file).
- I do not come from a disadvantaged background

Based on your answers in the previous question, do you come from a disadvantaged background? Please select yes (if you met at least two of the criteria), or no (if you did not meet two of the above criteria).

- Yes
- No

Current Address

Please enter street addresses in their most abbreviated form without using punctuation.

Examples: St instead of Street, Ave instead of Avenue, Rd instead of Road, etc)

Address

City

State

Zip Code

Permanent Address

Please enter street addresses in their most abbreviated form without using punctuation.

Examples: St instead of Street, Ave instead of Avenue, Rd instead of Road, etc)

Address

City

State

Zip Code

Permanent Contact Person (Please include name and relationship)

Permanent Contact Person's Phone (i.e. xxx-xxx-xxxx)

Academic

Academic Information

Please find your college/university in the drop down list below. If you don't find it please select "College Not Listed" from the drop down menu.

Click for institution

If your college/university was not listed in the drop down menu, please type in your college/university below.

Major(s)

Overall GPA (4.0 Scale)

Math & Science GPA (4.0 Scale)

List the number of courses you have completed by Spring in the following disciplines;

i.e. Mathematics - 1, Chemistry - 2, Biology - 6, etc.

Mathematics

Chemistry

Physics

Biology

Other

Year Completed by June 2020

- Freshman
- Sophomore
- Junior
- Senior
- Other

Expected Date of Graduation (If you will graduate before 5/30/2021, you are not eligible for LSSURP)

Date school year begins and ends

Format: 9/15/2019 to 5/29/2020

Program dates are May 30 - August 7, 2021, be sure you are able to participate during these dates.

Time spent doing research outside lab classes

Choose one of the following answers

Plans for graduate/professional degree

Choose one of the following answers

Have you participated in any University of Minnesota summer research programs?

- Yes
- No

Indicate Program

Year

How did you hear about LSSURP? (check any that apply)

- website
- professor
- adviser
- previous participant
- promotional events
- conference
- other

Have you applied to another summer research program at the University of Minnesota for the current summer?

- Yes
- No

Indicate Program

Preference & Placement

LSSURP Preference and Placement Information

The applicant has the following summer research programs from which to choose. Please rank up to three programs to which you wish to apply (in order of preference). Please note, it is not required to select 3 different programs if you are specifically interested in one particular program.

For more information, refer to the program descriptions on the [LSSURP website](http://www.z.umn.edu/lssurp) (<http://www.z.umn.edu/lssurp>).

1st Research Program Choice

Choose one of the following answers

2nd Research Program Choice

Choose one of the following answers

3rd Research Program Choice

Choose one of the following answers

Rank up to three (3) of the life sciences research interest areas listed below.

Choose first choice in first drop down, second choice in second drop down, and third choice in third drop down.

1st Life Sciences Research Interest Choice

Choose one of the following answers

2nd Life Sciences Research Interest Choice

choose one of the following answers

3rd Life Sciences Research Interest Choice

Choose one of the following answers

Would you like to receive information about biomedical graduate programs from the University of Minnesota?

- Yes, I want to receive information
- No, I do not want to receive information

Please let us know if you are an active participant in one of the following programs during the school year and summer.

MARC Scholar

MBRS-RISE
Scholar

McNair Scholar

IMSD

None

Will you receive the PELL Grant at any time during the 2020-2021 academic year?

 Yes No

Will you receive any type of **funding for Summer 2021** to be used towards a research experience, e.g. BUILD, McNair, MBRS, MARC, IMSD, LSAMP, etc?

 Yes No

If Yes please give the source and amount

Faculty recommenders

Faculty Information

Have you made preliminary arrangements to conduct research with a U of M faculty member for this summer?

 Yes No

If yes, indicate:

Faculty Name

Faculty Phone

Faculty Department

Provide the following information about the first faculty member who will write a letter of recommendation.

Name

Phone

College/University

Provide the email address for your first letter writer. An email will be sent to your letter writer requesting a letter on your behalf **ONLY AFTER SUBMITTING** your online application, we strongly urge you to contact them beforehand to make this request so they can meet the February 1st deadline.

I waive my right to inspect the contents of this recommendation.

Under the 1974 Family Education Rights and Privacy Act, students may waive their right to inspect this recommendation.

Yes

No

Provide the following information about the second faculty member who will write a letter of recommendation.

Name

Phone

College/University

Provide the email address for your second letter writer. An email will be sent to your letter writer requesting a letter on your behalf **ONLY AFTER SUBMITTING** your online application, we strongly urge you to contact them beforehand to make this request so they can meet the February 1st deadline.

I waive my right to inspect the contents of this recommendation.

Under the 1974 Family Education Rights and Privacy Act, students may waive their right to inspect this recommendation.

Yes

No

Personal Narrative

Personal Narrative

You are allowed no more than two pages for your personal statement. You will copy and paste the text of your statement into the application. Please remove all unnecessary spacing (leading, trailing, paragraph, tabs, etc.)

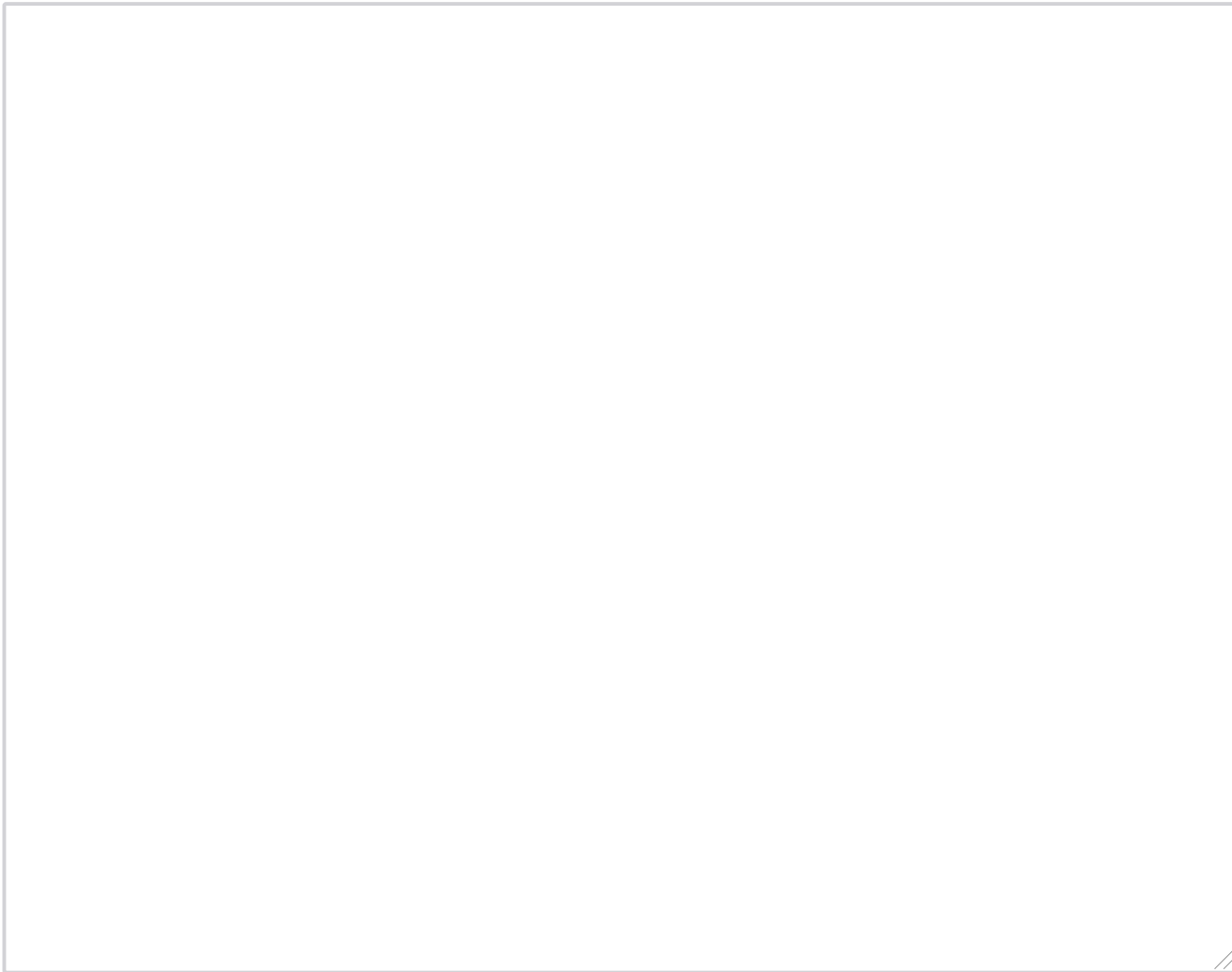
The statement should address the following:

- your relevant background - academic, personal, and service
- your career goals, i.e. your interest in pursuing graduate or professional-level work in a specific discipline/area
- the science questions that interest you most and the reason(s) for this interest(s)
- the specific areas in which you would like to conduct research and the factors that influenced the development of those interests
- your interest in participating in this program at the University of Minnesota

Note: DO NOT send your resume

(copy and paste your complete response into the field box, we will be able to retrieve the whole document)

Character limit is 20,000

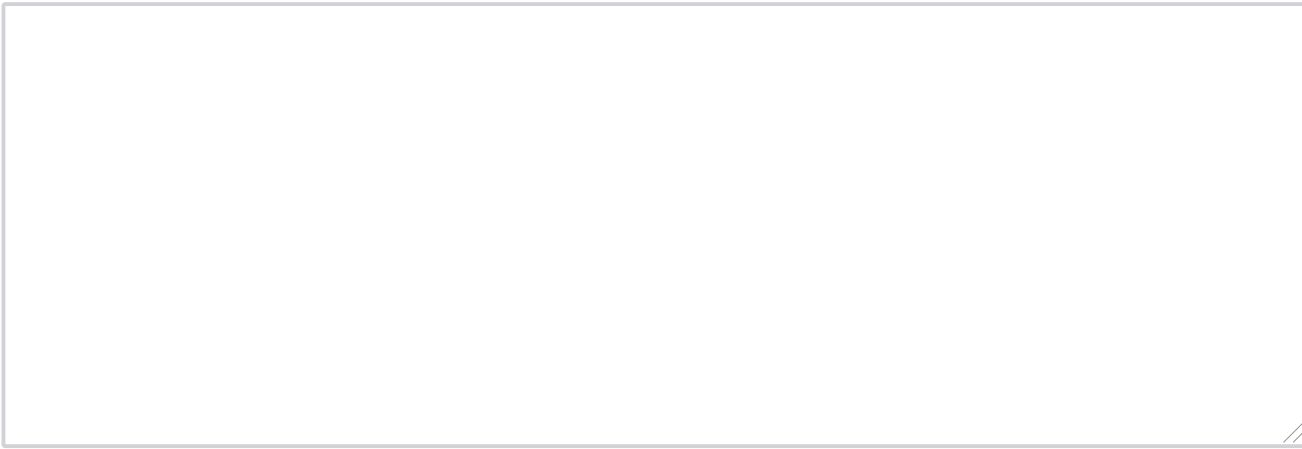


Biographical Sketch

Biographical Sketch

Please copy and paste (or type directly in the field) a short 75-100 word summary of items of personal interest that will help other students, faculty and staff get to know you (**please follow the examples below**): academic background, special interests, hobbies, extracurricular and volunteer activities, future plans. Please write your biosketch in **third person**.

(copy and paste your complete response into the field box, we will be able to retrieve the whole document)



Examples

Anna Miller is currently a senior at the University of Minnesota-Twin Cities majoring in microbiology with a special interest in virology. Her future plans include a career that combines medicine and biomedical research. She is the firstborn in her family and is a dual citizen of Cameroon and the United States. Anna's hobbies include aerobics, music, reading, skydiving and community service. She is currently a volunteer at a local shelter for the homeless.

Ray May is a sophomore at the University of California-San Diego. His career goals are to continue his undergraduate education at the University with an emphasis in mathematics and science. Ray is preparing himself for a career in the biological sciences or medicine. He is exploring physiology and pediatrics as career possibilities because of his keen interests in the health problems of infants and children. He enjoys golfing, swimming and hiking.

Diversity Statement

Diversity Statement

The long-term success of scientific research enterprise in our country is critically dependent on the development of a diverse workforce. Essential to the creation of a diverse scientific research community is the recruitment into educational and training programs of individuals from disadvantaged backgrounds*, racial and ethnic minorities, and others who are underrepresented in biomedical research (e.g., individuals with disabilities). Please utilize the space provided below to indicate how your unique life experiences will allow your participation in the LSSURP to contribute to a diverse research workforce in the future.

(copy and paste your complete document into the field box, we will be able to retrieve the whole document.



*The NIH defines disadvantaged background if you meet at **least two of the following criteria**.

- Were or currently are homeless, as defined by the [McKinney-Vento Homeless Assistance Act](#)
- Were or currently are in the foster care system, as defined by the [Administration for Children and Families](#);
- Were eligible for the [Federal Free and Reduced Lunch Program](#) for two or more years;
- Have/had no parents or legal guardians who completed a bachelor's degree (see [the U.S. Department of Education](#));
- Were or currently are eligible for [Federal Pell grants](#);
- Received support from the Special Supplemental Nutrition Program for Women, Infants and Children as a parent or child;
- Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration [Rural Health Grants Eligibility Analyzer](#), or b) a [Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas](#) (qualifying zip codes are included in the file). Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background

Transcript

Transcript

Upload your **unofficial** transcript as a PDF file.

Please save the document with your last name, first name and then TX. For example, Evelyn Juliussen is submitting her transcript. The document would be saved as follows:

JuliussenEvelynTX.pdf.

If admitted you will be required to submit an official transcript before your arrival on campus.

If your institution only sends out electronic unofficial transcripts, please submit via email to Issurp@umn.edu. Create a PDF with this text "sending via email to Issurp@umn.edu", then upload this newly created document here.

Please make sure if your University uses a clearinghouse electronic system to send out transcripts, that you do not just select the University of Minnesota Admissions - your transcript will not get to our office. It needs to be sent to our program email (Issurp@umn.edu).

Verification of Application submission

I certify that the information I have provided on this application and on all other application materials is complete, accurate, and true to the best of my knowledge. I understand that withholding pertinent information requested on this application or providing false information will make me ineligible for participation, including dismissal from the U of M - LSSURP if already participating. I agree to notify the LSSURP via email if there are any changes to the information provided in my application.

Please type your full name if you agree to these terms.

End of Application

STOP!

If your application is NOT complete at this time (for example, if you used placeholders to view the entire application), DO NOT hit SUBMIT.

If you need to complete your application at a later time, close out of your browser (Quit the program). Your information will be saved where you left off by pressing the "Save & Continue" button at any time.

Once you submit your application, if you try to log back in, all you will see is a BLANK application, DO NOT submit again!

Click "Save & Continue" to save work in progress at any time.

To resume your application at another time, visit the [LSSURP Application website](#), click "Complete online application", and login using the email and password when you registered.

Once you submit your application, if you log back into the application, all you will see is a blank application, do not resubmit!

If you have any questions with the application, please contact LSSURP Staff at Issurp@umn.edu.

Powered by Qualtrics

