DEAN'S AWARD FOR LIFE SCIENCE RESEARCH

APPLICATION FOR FALL QUARTER

Application: Currently Open

Application Closes: May 5, 2020, 11:59 PM

Every quarter, UCLA Freshmen, Sophomores, and Juniors majoring in one of the Life Science fields are invited to apply for this financial award to fund 10-12 hours of research per week during an academic quarter. The first day of every quarter will open the applications for the next quarter's Dean's Award. The application period will end at the end of the 5th week of the quarter – by midnight (11:59 PM) Sunday night.

Students may reapply each quarter to renew the award in subsequent quarters, subject to availability of funds.

All applications must be received by the deadline in order to be considered. For questions regarding the award, please contact COMPASS-Life Science Program Representative Larone Ellison (larone@lifesci.ucla.edu) or Directors Dr. Gina Poe (ginapoe@ucla.edu) and Dr. Megan McEvoy (mcevoymm@ucla.edu).

| Last Name: | First Name: |
|--|---|
| UCLA SID #: | |
| ,, | are authorizing the COMPASS Life Science Director's to access rapplication purposes and during the period of the award. |
| Major: | Minor (if any): |
| Email: | |
| Cell phone or best contact phone: | Text OK? ☐ Yes ☐ No |
| Current Address (not necessarily your pe | rmanent address, but where you are living now): |

| Ethnic group: | |
|-------------------|--|
| | Hispanic or Latino |
| | Not Hispanic or Latino |
| Racial group (cl | neck all that apply): |
| | American Indian or Alaska native |
| | Asian |
| | Black or African American |
| | Native Hawaiian or other Pacific Islander |
| | White |
| assistance (e.g. | socio-economically disadvantaged background and qualify for federal disadvantaged Pell grant)? \Box Yes \Box No |
| If applicable, pl | ease have documentation available for verification upon request. |
| Are you a stude | ent with a disability? ☐ Yes ☐ No |
| If yes, have you | registered with the UCLA Center for Accessible Education (CAE)? \Box Yes \Box No |
| Date of matricu | ulation to UCLA: |
| GPA at UCLA: | |
| Expected gradu | ation date (quarter, year): |
| Highest degree | objective: |
| | PhD |
| | Dual degree (MD/PhD or DDS/PhD or similar) |
| | MD |
| | Master of Science (MS) |
| | Bachelor of Science (BS) |
| | Other professional degree (e.g. PharmD, DVM, DDS, etc.) |
| | Other |
| Career objectiv | es (100 characters, not including spaces, max): |
| List any previou | us or current research experience below: |
| | year-month/year) & approx. total hours Faculty mentor (& institution if not |
| UCLA) | , and the state of |

| If not already conducting research, list one to three faculty members at UCLA that you are interested in |
|--|
| working with and provide one or two sentences describing why you have an interest in this lab (300 |
| characters max). |
| |

| Name: | Department: |
|-----------------------|-------------|
| Interest in this lab: | |
| | |
| | |
| Name: | Department: |
| | Department. |
| Interest in this lab: | |
| | |
| | |
| Name: | Department: |
| Interest in this lab: | |

Please upload a separate file that includes BOTH the Personal Statement and Research Statement (Include your last name in the name of the file)

PERSONAL STATEMENT ESSAY

Must be at least 100, but no more than 3500 characters (excluding spaces).

Please elaborate on all of the following topics, and anything else you'd like us to know about you:

- Your family, education, and community background
- Factors that contributed to your decision to study science
- Your area of research interest (if known)
- How you anticipate this award will make a difference in your life

RESEARCH EXPERIENCE ESSAY

Must be at least 100, but no more than 3500 characters (excluding spaces).

If you have previous and/or current research experience, please describe the research (give us a brief introduction, your hypothesis, the methods you used, and either your expected or actual results). If you have not yet had any research experience, describe your potential research interests as well as you can imagine.

| TRANSCRIPT(S) | | | |
|---------------|--|--|--|
| | | | |

| Please authorize the COMPASS Life Science Directors to | o obtain your Degree Progress Report (DPR) from |
|--|---|
| your student record: Authorization permission: $\ \square$ Yes | □ No |

RÉSUMÉ/CV (please upload as a separate file, include your last name in the name of the file)

Provide a résumé/CV that includes any information on your educational background, awards, scholarships, outside activities, specialized skills or leadership positions that you would like us to be aware of.