

# Summer Undergraduate Research Fellowships 2017

## Department of Pharmacology and Toxicology University of Arkansas for Medical Sciences

The Department of Pharmacology and Toxicology at the University of Arkansas for Medical Sciences in Little Rock is offering Summer Undergraduate Research Fellowships funded in part by the American Society of Pharmacology and Experimental Therapeutics (ASPET).

Qualification: Fellowships are open to highly motivated students enrolled in an undergraduate program who wish to gain research experience in pharmacology or toxicology. A background in organic chemistry, cell biology, biochemistry and statistics is desired but not required. Minorities are encouraged to apply. This is a UAMS paid employee position so typically international students are not eligible.

Funding/Program Start Date: The student will be paid a \$3,000 stipend for 10 weeks of study. The tentative dates are Monday, June 5 through Friday, August 11, 2017.

Housing: It is the responsibility of the student to secure and pay for housing. Contact the director below for more information.

Positions: At least six positions may be available. Awards will be made on a competitive basis. Applicants will be notified via email by March 16, 2017.

Research Opportunities: Accepted students will have the opportunity to choose a research project from participating faculty in the Department of Pharmacology and Toxicology. A broad area of research projects are available including biochemical pharmacology and toxicology, molecular pharmacology and toxicology, immunopharmacology, cardiovascular pharmacology, neuropharmacology, neurotoxicology, and behavioral pharmacology and toxicology.

Application: Apply by completing the application forms, including arranging for the Reference Letter Forms to be completed and sent separately by two faculty members. **The application form for the Summer**

**Undergraduate Research Fellowships can be down loaded from:**

**<http://pharmtox.uams.edu/surf-program>**

Contact Dr. Fantegrossi below for more information about possible projects. More information about the Department of Pharmacology and Toxicology, UAMS, and Little Rock can be found at our web site: <http://pharmtox.uams.edu>

**Send by email the completed application by March 2, 2017 to:**

Dr. William E. Fantegrossi  
Department of Pharmacology and Toxicology  
University of Arkansas for Medical Sciences  
4301 West Markham Street, Slot 638  
Little Rock, AR 72205  
Email: [WEFantegrossi@uams.edu](mailto:WEFantegrossi@uams.edu)

# Summer Undergraduate Research Fellowship Application

## Department of Pharmacology and Toxicology University of Arkansas for Medical Sciences

1. Name: \_\_\_\_\_  
Last First M.I.

2. Current Mailing Address:	Permanent Mailing Address:
Phone:	Phone:
email:	

3. Academic Institution: \_\_\_\_\_

4. Current Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_

5. As of June 2017 I will be classified as a  sophomore,  junior, or  senior. After graduation I am most interested in attending  medical school,  graduate school (Ph.D. degree) or  combined M.D., Ph.D. degree,  other \_\_\_\_\_.

6. **(Optional)** Race:  American Indian or Alaskan Native,  Asian or Pacific Islander,  Black, not of Hispanic origin,  Hispanic,  White, not of Hispanic origin.

7. Research Experience: Briefly describe research experience, if any, in the space provided.

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8. References: Provide names, addresses, phone and FAX numbers, and email addresses for two faculty members you have asked to write letters of recommendation on your behalf. The Reference Letter Form is to be used for this purpose. Two forms are included in this packet. Each reference must return a completed form directly to the address (**or email preferably**) provided on the form by March 2, 2017.

Name:

Address:

Phone:

FAX:

Name:

Address:

Phone:

FAX:

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

9. Academic Honors and science courses taken.

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10. Describe your long-term goals and how training in pharmacology or toxicology fits into these goals.



11. Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**12. Return by email (preferably) the Completed Application by March 2, 2017 to:**

Dr. William E. Fantegrossi  
Department of Pharmacology and Toxicology  
University of Arkansas for Medical Sciences  
4301 West Markham Street, Slot 638  
Little Rock, AR 72205  
**WEFantegrossi@uams.edu**

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## Department of Pharmacology and Toxicology University of Arkansas for Medical Sciences

### Reference Letter Form

INSTRUCTIONS: Please complete all sections and mail to Dr. William E. Fantegrossi, Department of Pharmacology and Toxicology, University of Arkansas for Medical Sciences, 4301 West Markham, Slot 638, Little Rock, AR 72205 or **email the completed form to: WEFantegrossi@uams.edu**

Applicant Name: \_\_\_\_\_  
Last First M.I.

NOTE TO RESPONDENT: The above applicant has selected you as a reference related to his/her application for a Summer Undergraduate Research Fellowship in the Department of Pharmacology and Toxicology at the University of Arkansas for Medical Sciences. Please supply the information requested and email this form by **March 2, 2017** to the address above.

1. Rate the applicant on the items listed below using a numerical score of 1 to 5 (1 - outstanding; 2 - above average; 3 - average; 4 - below average; 5 - poor; X - insufficient knowledge to rate).

- |  |  |
|--|--|
| <input type="checkbox"/> Interest in career in science | <input type="checkbox"/> Ability to organize scientific data |
| <input type="checkbox"/> Research experience           | <input type="checkbox"/> Proficiency in laboratory work      |
| <input type="checkbox"/> Academic achievement          | <input type="checkbox"/> Perseverance in pursuing goals      |

2. In the space provided (**or on a separate sheet you can email if you prefer**) describe the applicant's qualifications and traits you consider of special significance in judging the individual's application for this Summer Undergraduate Research Fellowship.

Signature of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name of Respondent: \_\_\_\_\_

Title and Department of Respondent: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (     )                      FAX: (     )                      Email: \_\_\_\_\_

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## Department of Pharmacology and Toxicology

University of Arkansas for Medical Sciences

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Typed Name of Respondent: \_\_\_\_\_

Title and Department of Respondent: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (     )                      FAX: (     )                      Email: \_\_\_\_\_