

# Summer Undergraduate Research Fellowships 2018

## 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 4 through Friday, August 10, 2018.

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 April 2, 2018.

Research Opportunities: Accepted students will have the opportunity to choose a research projects 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 12, 2018 to:**

Dr. William E. Fantegrossi  
Department of Pharmacology and Toxicology  
University of Arkansas for Medical Sciences  
4301 West Markham Street, Slot 611  
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:                      email: | Phone:                     |

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

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

5. As of June 2018 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.

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**) provided on the form by March 12, 2018.

|   |   |
|---|---|
| Name:<br>Address:<br><br><br>Phone:<br>FAX:<br>Email: | Name:<br>Address:<br><br><br>Phone:<br>FAX:<br>Email: |
|---|---|

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

9. Academic Honors: List in the space provided.

10. In the space provided, 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 the Completed Application by March 12, 2018 to:**

Dr. William E. Fantegrossi  
Department of Pharmacology and Toxicology  
University of Arkansas for Medical Sciences  
4301 West Markham Street, Slot 611  
Little Rock, AR 72205  
WEFantegrossi@uams.edu

# Summer Undergraduate Research Fellowship Application

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 611, 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 12, 2018** 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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Title and Department of Respondent: \_\_\_\_\_

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

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