

THE LUPUS FOUNDATION OF MINNESOTA
APPLICATION FOR
2010 FELLOWSHIP
IN THE AREA OF LUPUS RESEARCH

**One electronic and one-hard copy
of application and supporting documents to be submitted to:**

**Lupus Foundation of Minnesota
Attention: Jennifer Monroe
2626 East 82nd street
Suite 135
Bloomington, MN 55425**

DEADLINE: 5:00 P.M. MAY 3rd, 2010

Lupus Foundation of Minnesota
Student Summer Fellowship: SLE Research
Application for the summer of 2010
(attach additional sheets if necessary)

Applicants selected for the program will be matched with an existing researcher at the University of Minnesota working in an area of SLE research. For a description of current participating lab projects and researchers please contact Ms. Monroe at jmonroe@lupusmn.org

Fellowships are generally for 12-weeks. Proposed dates in 2010 are June 7th, through August 27th. Fellowships are expected to average approximately 30 hours a week @\$12/hour.

(final hours are TBD based on researcher and project specifics)

1. _____
Name: (first) (middle) (last)
2. _____
Present mailing address (number, street, city, state, zip)
3. _____
Current telephone number (best number to reach you at i.e. cell) and alternate
4. _____
Permanent mailing address (number, street, city, state, zip)

5. _____
Permanent telephone number (home, if different from those listed above)
6. _____
Birth date (dd/mm/year) Birthplace (city and state)
7. Academic institution (in which currently enrolled):_____
8. Completed educational status at time of fellowship (June, 2010):
(a) freshman ____ (b) sophomore ____ (c) junior ____ (d) other (please
explain)_____Anticipated graduation_____
9. What is your current academic course of study (major?):
10. Describe your interest in SLE research (50 word minimum):
11. What is your previous laboratory experience?

Note: Is there a particular participating lab or project you are requesting? If so, list name of researcher and project here and, include a letter of recommendation from that researcher specifically supporting your request:

12. Why do you think you are a good candidate for the fellowship?

13. What are your plans for a future career and how would this fellowship support your vision? (50 word minimum)

Student signature_____Date:_____

Please provide 3 current written academic references along with this completed application by May 3rd, 2010 to:

Lupus Foundation of Minnesota
Attention: Jennifer Monroe
2626 East 82nd street
Suite 135
Bloomington, MN 55425
Or: jmonroe@Lupusmn.org

Note: A final progress report and summary presentation will be due upon conclusion of the fellowship (the public presentation will be scheduled in late summer).