

THE LUPUS FOUNDATION OF MINNESOTA
APPLICATION FOR
2012 FELLOWSHIP
IN THE AREA OF LUPUS RESEARCH

One original hard-copy and one electronic (PDF) 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

jmonroe@lupusmn.org

DEADLINE: 8:30 A.M. MONDAY, APRIL 30th, 2012
Incomplete applications will not be considered

I submit this application for a Lupus Foundation of Minnesota Student Summer Fellowship in lupus research for the summer of 2012 (*attach additional sheets if necessary*).

Applicants selected for the program will be matched with an existing researcher working in an area of SLE research.

Fellowship dates are early June, through the end of August, 2012 (*exact dates TBD by hosting institution*). Pay range is @\$12-\$13 hour depending upon host institution. Hours are TBD based on project but have averaged 20-30 per week.

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

5. _____
Permanent telephone number (home, if different from above)
6. _____
Birth date Birthplace (city and state)
7. Academic Institution of Interest (circle one)
University of Minnesota (Twin Cities) Mayo Clinic (Rochester)
8. Current academic institution (currently enrolled):_____
9. Completed educational status* at time of fellowship (in summer of 2012):
(a) freshman ____ (b) sophomore ____ (c) junior ____ (d) other (please
explain)_____Anticipated graduation_____
- *Must be a current matriculated under-graduate student to apply for this fellowship*
10. What is your current academic course of study (major?):
11. Describe your interest in SLE research (50 word minimum):
12. What is your previous laboratory experience?
13. Why do you think you are a good candidate for the fellowship?

14. Letters of academic reference are/will be submitted by the deadline from the following (please list name of individual, their position and academic institution):

1. -----
2. -----
3. -----

Student signature_____Date:_____

One original hard-copy and one electronic (PDF) copy of application and 3 written letters of recommendation may be submitted to:

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

e-mail PDF copy to:
jmonroe@lupusmn.org

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