**The Greater Boston Medical Student Training in Aging Research (MSTAR) Scholars Program at Harvard Medical School**

**National Training Center Application Form**

**FOR STUDENTS PLANNING TO WORK WITH MENTORS AT ONE OF OUR PARTNER INSTITUTIONS: BU, UMass, UMISS, and BROWN.**

**2025 Application Instructions**

**DO NOT INCLUDE this instruction sheet with your application!**

***MSTAR 2025 will be held in person in Boston.***

**Please carefully read the eligibility guidelines posted on the BWH Division of Aging Website and on the American Federation for Aging Research (AFAR) website** [**http://www.afar.org/research/funding/mstar/**](http://www.afar.org/research/funding/mstar/) **and the program outline and the specific requirements for the** [**Greater Boston Medical Student Training in Aging Research (MSTAR) Scholars Program at Harvard Medical School Program**](https://www.afar.org/mstar-national-training-centers-and-participating-schools) **before completing this application.** If you have any questions about applying to the Greater Boston MSTAR Scholars Program you may contact the program administrator, Leslie Power, at [BostonMSTAR@bwh.harvard.edu](mailto:BostonMSTAR@bwh.harvard.edu). Links to other MSTAR national training websites and contact information can be found [here](https://www.afar.org/mstar-national-training-centers-and-participating-schools).

The application and supporting materials are divided into two segments, see below:

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| **Person** | **Materials** | **Method of Submission** |
| *Applicant* | 1. Partner Institution Research Project Proposal Form | Email to [BostonMSTAR@bwh.harvard.edu](mailto:BostonMSTAR@bwh.harvard.edu) and receive GBMSTAR approval prior to the application deadline (May submit between November 5, 2024, and January 20, 2025, 5PM ET). |
| *Applicant* | 1. Partner Institutions National Training Center Application Form | Applicant emails a single PDF containing segments 2 and 3 (in order) to [BostonMSTAR@bwh.harvard.edu](mailto:BostonMSTAR@bwh.harvard.edu).  (May submit between November 5, 2024, and January 20, 2025, 5PM ET). |
| *Partner Institution Faculty Sponsor(s)* | 1. Partner Institution Faculty Sponsor Form |

Please complete the **Partner Institution Research Project Proposal Form** as soon as it is completed. Ideally, it should be submitted in advance of your formal application. For scholars from our partner institutions (BU, UMASS, UMISS, and Brown) planning to work on research with someone from their home institution, your **Partner Institution Faculty Sponsor** **Form** should be completed by the person you plan to work with. The form includes a letter of recommendation. Notably, in addition to providing you research mentorship, your faculty sponsor should also be able to continue to support your academic goals in aging research and geriatric medicine after the GBMSTAR Program ends.

**The completed application (Partner Institution Application Form and Partner Institution Faculty Sponsor Form) may be submitted by email to** [**BostonMSTAR@bwh.harvard.edu**](mailto:BostonMSTAR@bwh.harvard.edu) **between November 5, 2024 and January 20, 2025, at 5:00 p.m., ET. The application should be sent as a single PDF file and will be reviewed upon receipt. Each applicant will receive a decision no later than January 31, 2025.**

**Incomplete applications will not be reviewed.** The file may **not** include any additional documents; please submit **only** the required materials. Late submissions or submissions that do not adhere to the instructions will NOT be accepted.

**The application file should be named as follows: “Last name, First name”; for example, “Smith, John.doc”.**

**Medical Student Training in Aging Research (MSTAR) Program**

**National Training Center Application Form**

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| Name of applicant:    Preferred first name (optional):    Applicant’s home institution: | Gender:  Date of birth (MM-DD-YY):  MD expected in (enter year):  Race/ethnicity (optional): |
| Current Address, Telephone, and Email Address of Applicant: | Permanent Address, Telephone, and Email, if different from current: |
| **Partner Institution Faculty Sponsor(s)/Mentor(s)** Name, Title, Institution, Complete Mailing Address, Telephone, and Email: | |

SECTION 1: EDUCATIONAL HISTORY

Please account for your career since high school. If your entire career cannot be addressed in this section (for example, if you decided to take a year off after graduation from undergraduate school), please mention this in your personal statement.

**Current Medical School:**

Institution:

Month/Year started:

GPA, if known:       MCAT Score:

**Previous graduate or professional schools:**

Please begin with the most recent and list the dates as MM/YY to MM/YY.

Institution #1:       Degree:

Dates attended:       Major:       GPA:

Institution #2:       Degree:

Dates attended:       Major:       GPA:

Institution #3:       Degree:

Dates attended:       Major:       GPA:

**Undergraduate schools attended (begin with most recent):**

Institution #1:       Degree:

Dates attended:       Major:       GPA:

Institution #2:       Degree:

Dates attended:       Major:       GPA:

Institution #3:       Degree:

Dates attended:       Major:       GPA:

**Honors and Awards in Undergraduate/Graduate Schools**

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**Extracurricular, community, and avocation activities**

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**Courses or other experiences in geriatric medicine/gerontology**

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**Research experience (aging-related and/or non-aging related)**

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SECTION 2: PERSONAL STATEMENT & RESEARCH INTERESTS

**PERSONAL STATEMENT**

Please describe your past experiences, expectations for the program, future goals, and other important information you would like to convey to the review committee. The personal statement should address your interest in geriatrics or aging research, discuss how this interest is related to the above listed honors, activities, and courses, and explain why you are interested in this program. This portion of the application is weighted heavily by the review committee. Please be succinct but provide enough detail to describe your interests (**maximum of 750 words**).

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SECTION 3: TRAINING CENTER

**PLEASE NOTE: There is a monthly stipend of approximately $2,300. Additional travel and housing expenses are *not* included in the scholarship.**

**Research Interests/Mentorship: Research Interests/Mentorship:** To give us a sense of your research interests, we ask you to review the list of research topics in the Program Description (available on our [website](https://www.brighamandwomens.org/medicine/division-of-aging/for-medical-professionals)) and rank your top three research areas below. Please tell us what aspects of the work interest you the most (e.g., the research question, the research area, the patient population, or the research method). This information is used to guide us in the matching process. As you might expect, mentor availability varies from year to year. Given the large number of applications we receive, **please do not reach out to past GBMSTAR mentors directly**. We have new faculty join our panel of potential mentors each year. If we are unable to match you with a mentor who can offer a project in your areas of interest, we will use the additional information you provide to help us identify other mentors. **If you are applying to the program from one of our four partner institutions (BU, UMASS, UMISS or Brown) and plan to do research with a mentor from one of those partner institutions, please list the name of your mentor and a working title for your research project.**

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SECTION 4: AGREEMENTS

Please list the earliest date you can start the MSTAR program, and the latest date you can complete the program in Summer 2025; the program requires 2 months (60 consecutive days excluding national holidays):

Do you anticipate any particular scheduling needs during the summer? Please describe:

Are you a former recipient of this award?

Yes

No

How did you hear about this scholarship program?

**Please enter your initials for each statement to indicate your understanding and agreement.**

I affirm that I will have completed at least one year of study at a school of medicine or osteopathy prior to June 2025.

Initials:

I affirm that I am a citizen, non-citizen national, or permanent resident alien of the United States.

Initials:

I understand that my application will not be considered complete until we have received the Home Institution Faculty Sponsor Form.

Initials:

I agree to commit a minimum of 2 months (60 consecutive days excluding national holidays) to the Program.

Initials:

I understand that all the information that I have provided will be verified as a normal part of

the application process and that any application which contains falsehoods will be immediately

disqualified, and my institution notified of the irregularities.

Initials:

I affirm that I have reviewed all the eligibility criteria on the AFAR website.

Initials:

I affirm that I am **not** receiving a stipend or salary support form a federal source. I further affirm that I will not be holding another award or participating in another program concurrently during the MSTAR research period. If you are in a combined program such as an MD/PhD program, please verify your eligibility with your program director before applying. Some private funding sources may not allow you to receive additional funding during the summer months.

Initials:

I affirm that I am a student in good standing at my training institution.

Initials:

I certify that, to the best of my knowledge and belief, all my statements made in this application and to persons who contact me about this application, are true and made in good faith.

Initials: