

Application Instructions

Please carefully read all instructions to ensure accurate completion and correct processing of this application.

Program Description and Requirements

The IUSCC Marilyn Hester Scholarship fund was created to assist medical and/or PhD students pursuing degrees in biomedical sciences and who have **demonstrated an interest and potential for conducting pediatric hematology or pediatric oncology research and who have not received any other type of scholarship or grant for the upcoming academic year.** Successful applicants are students who have a strong academic record, have outstanding character and well-defined professional goals. This year two awardees will be funded in the amount of \$7,000 and be distributed as:

- MD student: up to \$7,000 which must be applied toward tuition. Start date is July 1.
- All PhD student or MD/PhD student: up to \$5,000 disbursed to the recipient as a one-time pay increase in the stipend and \$2,000 disbursed to the research lab to be used as: \$1,000 for travel to attend scientific meetings and \$1,000 for supplies to offset lab expenses. Refer to attached application for complete guidelines and requirements

At the end of the year, awardee(s) will be asked to submit a one-page summary documenting what the funding has meant to them, and signed by their mentor.

Page 1: General Information and Faculty Mentor Information

In this section, please fill in the blanks with corresponding information.

Please provide your university (for PhD students) or medical school transcript (for MD / MD/PhD students). This does not need to be an official sealed copy and in many instances an unofficial copy can be obtained from the registrar's office.

Please provide your curriculum vitae, including your college career, research work in the past, and any publications or presentations that you have given.

You will need a faculty mentor during this program. If you have already chosen a faculty mentor and they have read the position requirements and agreed to serve as your mentor, please fill in his/her information. If you do not have a mentor, please indicate your area of interest and you will be matched with a faculty member.

Page 2: References, and Personal Statement

Follow the instructions to list your references. References can be the same individuals who write your letter of recommendation.

This section will also outline the personal statement required. Please carefully read the questions to be answered in the personal statement and follow the format guidelines given. Then attach your personal statement to your application.

Be sure to sign and date page 2 and follow the submission directions on the bottom of page 4. **Deadline is June 1, 2023.**

Page 3: Letter of Recommendation Request Form

All applicants must provide a minimum of **two (2)** letters of recommendation including a signed copy of the form on page three. These should be from individuals who can support and recommend you for this program but can also be from another campus or from industry. One of these letters should be from your mentor, if you already have one.

The deadline for all recommendation letters is **June 1, 2023.** Submission directions for letters of recommendation are at the bottom of page 3.

Page 4: Checklist

Use this sheet to ensure all portions have been completed and include it with your application.

MERILYN HESTER SCHOLARSHIP FUND APPLICATION

Please type or print

General Information

Applicant's Name: _____ E-mail _____

Permanent Address: _____

City/State/Zip Code _____

Permanent Telephone (_____) _____ Cell (_____) _____

Date of Birth: _____ Expected Graduation Date: _____

Gender Male Female

Ethnic Information

Asian or Pacific Islander American Indian or Alaskan Native Caucasian

Black or African American Hispanic Other

U. S. Residency Status

US Citizen Permanent Resident International Student

Visa Status: _____ Other (Please Specify) _____

Faculty Mentor Information

I have identified a faculty mentor for this program and he/she has accepted this role. My mentor knows that he/she is required to meet with me at least twice to monitor my academic progress and help me identify potential pediatric hematology or pediatric oncology research opportunities available to me and has agreed to submit a letter of recommendation for me.

Please provide contact information for your mentor.

Mentor's Name: _____

E-mail Address _____ Telephone # _____

Department and School _____

I need a faculty mentor and my areas of interest are:

MERILYN HESTER SCHOLARSHIP FUND APPLICATION

References

(You must include at least two references and those two should be faculty members at IUSM or from a Purdue biomedical department. Your references may include those individuals who write your letters of recommendation. Additional recommendations can also be included. If you have research experience, please include a recommendation from your research supervisor.)

Name/Position	Department	Title	Telephone	Email
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Name/Position	Department	Title	Telephone	Email
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Name/Position	Department	Title	Telephone	Email
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Name/Position	Department	Title	Telephone	Email
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Personal Statement

Please attach a summation describing the reason you wish to pursue a career in biomedical sciences and the reason for your interest in pediatric hematology or oncology research. The paper should be typed, single-spaced, with standard margins, 12 pt. times new roman font, and no more than one page.

Family Education Rights and Privacy Rights

The Family Education Rights and Privacy Act of 1974, known as the Buckley Amendment, gives students the right to inspect and review their educational records. You may, however, waive the right to see specific confidential letters.

I, the applicant, hereby waive my right to examine my letters of recommendation and understand that they will not be shared with me.

I, the applicant, do not waive my right to examine my letters of recommendation
 * Failure to sign or indicate waiver status indicates confidentiality by default.

BY SIGNING BELOW, THE APPLICANT HEREBY AFFIRMS THAT ALL INFORMATION IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE.

Student Signature

Date

MERILYN HESTER SCHOLARSHIP FUND APPLICATION

APPLICANT RECOMMENDATION (to accompany letter)

Applicant's Name _____

The above applicant is applying for an IUSCC Marilyn Hester Scholarship Fund which has been created to assist medical and/or PhD students pursuing degrees in biomedical sciences and who have demonstrated an interest and potential for conducting pediatric hematology or pediatric oncology research. Successful applicants must have a strong academic record, have outstanding character and well-defined professional goals.

Your name (please print) _____

Title: _____

Department, Company or Organization: _____ E-mail: _____

Campus Address or Other Mailing Address: _____

How long have you known the applicant and in what capacity?

The selection committee would greatly appreciate a recommendation letter that speaks to the applicant's experience and potential as physician and/or researcher. Please feel free to include any information that will give us a greater understanding of the applicant. We are particularly interested in additional information you may have about:

- The applicant's capacity to seek and actively engage opportunities
- The applicant's self-sufficiency and his or her persistence level
- The applicant's time-management practices
- The applicant's capacity to develop and maintain strong working relationships
- The applicant's commitment to fulfilling programmatic, academic and/or institutional requirements
- The applicant's academic performance and research ability
- Any other relevant qualities the applicant possesses that would help him or her to succeed in graduate school

Your Signature _____ Date _____

Please attach a letter of recommendation for this applicant.

BY June 1, 2023, please return this page and your letter of recommendation via email directly to:

Mark R. Kelley, Ph.D. C/o Katie Jackson

Betty and Earl Herr Professor in Pediatric Oncology Research

Associate Director of Basic Science Research, Indiana University Simon Comprehensive Cancer Center

Professor, Departments of Pediatrics, Biochemistry & Molecular Biology, Pharmacology & Toxicology and Ophthalmology

Adjunct Professor, Eugene and Marilyn Glick Eye Institute

Director, Program in Pediatric Molecular Oncology & Experimental Therapeutics

Glenn W. Irwin, Jr. M.D. Research Scholar

Bantz-Petrino Translating Research into Practice Scholar

Co-leader, Cancer Drug Discovery and Development Program (CDDD), IUSCCC

AAAS Science Fellow
Herman B Wells Center for Pediatric Research
Email: ksodrel@iupui.edu

APPLICANT CHECKLIST

Please use this checklist to confirm that this application is complete and all items have been attached.

- You have filled in all applicable blanks.
- Your transcript and CV are attached
- You have provided information about your faculty mentor and your references.
- You have signed and dated page 2
- Your personal statement is attached and is correctly formatted (typed, single spaced, 1 inch margins, 12 pt. Times New Roman font, and no more than one page.)
- Two letters of recommendation have been requested and will be delivered by June 1, 2023
- You have included this form with your application pdf.

Submit application packet as a single pdf to:

Mark R. Kelley, Ph.D. C/o Katie Jackson

Betty and Earl Herr Professor in Pediatric Oncology Research
Associate Director of Basic Science Research, Indiana University Simon Comprehensive Cancer Center
Professor, Departments of Pediatrics, Biochemistry & Molecular Biology, Pharmacology & Toxicology and Ophthalmology
Adjunct Professor, Eugene and Marilyn Glick Eye Institute
Director, Program in Pediatric Molecular Oncology & Experimental Therapeutics
Glenn W. Irwin, Jr. M.D. Research Scholar
Bantz-Petrino Translating Research into Practice Scholar
Co-leader, Cancer Drug Discovery and Development Program (CDDD), IUSCCC
AAAS Science Fellow
Herman B Wells Center for Pediatric Research
Email: ksodrel@iupui.edu