

# AMERICAN HEART ASSOCIATION

# MEDICAL STUDENT FELLOWSHIP PROGRAM

10 East 40th Street – 11th floor, New York, NY 10016

**Program Description**

The purpose of the grant is to encourage medical students to consider a career in **cardiovascular research**. The need for new researchers in the health sciences, from basic science to human behaviors, is critical. This program is designed to provide students at the crossroads of career choices an opportunity to experience research first hand with an established investigator. **All research must be performed within the following eight states which includes: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island and Vermont.**

**Fellowship Requirements**

An eligible Student must be enrolled in an accredited medical school at the time of application. During the time of the award, the student should be a **non-tuition matriculating student,** i.e., on a leave of absence from the school or excused from tuition payments. Students who have completed their medical school education, before accepting a medical residency also are eligible to apply. It is not intended for students who are part of a formal research-training program. Ph.D. candidates who are engaging in research as part of their educational requirements are not eligible for this award. There are no citizen requirements for application, but those who are not U.S. citizens, must have and maintain an appropriate visa.

**Award Amount**

Awards for student stipends are made for a period of 12 months for $22,000 total (10% indirect costs will be taken out the $22k). Direct use of award funds to pay tuition is prohibited. Students accepted into the program are responsible for arranging housing and transportation. Funds may only be requested to support the stipend of the applicant. Funds may not be used to support the salary of other personnel, including the sponsor, supplies, lab fees, equipment, travel or other expenses.

**Process**

***For the Student***

The student is expected to identify a sponsor/mentor with a research laboratory within the following eight states mentioned above,and work closely with the sponsor to develop a research project and complete the fellowship application.

A complete application includes:

**1)** Typed application form with signatures of the student, sponsor, and an Administrative Official at the sponsor’s institute.

**2)** The sponsor’s CV plus a letter from the sponsor indicating support for the fellowship application, including a mentoring plan.

**3)** Two letters of recommendation on institutional letterhead from faculty members other than the sponsor are required. (Letters of recommendation submitted by faculty members only)

**4)** The applicant’s CV and official academic record. (Official academic record should be sent directly to the AHA office by mail or email to [mary.gonzalez@heart.org](mailto:mary.gonzalez@heart.org).

The project write-up cannot be “copied” from the mentor’s grant as they must reflect the applicant’s own work. These items (not including the letters of recommendation which should be submitted by the referees themselves and not the applicant) can be submitted together as a single PDF document via email. If the PDF application sent by email does not include signatures of the applicant, sponsor, and Administrative Official, a hard copy of the signature page must be submitted by postal mail. Incomplete applications will not be reviewed. Contact Mary Gonzalez at 212-878-5912 or [mary.gonzalez@heart.org](mailto:mary.gonzalez@heart.org) with any questions regarding application preparation or submission.

***Prior recipients of the AHA Medical Student Fellowship Program award are not eligible to apply for the same funding mechanism (ex., students may hold an American Heart Association Medical Student Fellowship Program award only once).***

***For the Sponsor***

The sponsor will guide the student in developing a research project that can be accomplished over a period of 12 months, and will provide a letter of commitment for the oversight and implementation of the project. The sponsor is required to verify institutional agreement for the application by obtaining the signature of an institutional Administrative Official where the research will be performed. This

fellowship award is designed to support a student project that would otherwise not be possible, and funds will not be awarded to supplement or duplicate funding from another agency. An application must be identified as alternative if submitted to more than one granting agency for the same or closely related project. "The American Heart Association currently does not fund research projects involving human embryonic stem cells." A scientist may only sponsor one applicant at a time.

**Application Submission and Deadline**

Applications must be submitted no later than **Wednesday, December 4, 2019 at 5:00 P.M. EST**. The application should be submitted as a single PDF file by email at: [mary.gonzalez@heart.org](mailto:mary.gonzalez@heart.org). If signatures are not included on the PDF application file, send a hard copy of the signature page to:

**American Heart Association**

**Attn: Mary Gonzalez**

**10 East 40th Street – 11th floor**

**New York, NY 10016**

**Application Review Process**

Applications are reviewed by the American Heart Association, Student Fellowship Task Force, and are evaluated on the merits of the student, the sponsor and environment, and the proposed research project. Ranking of applicants is based on an assessment of the student’s academic strengths and potential for a research career, overall quality of the proposal, faculty recommendations, and the sponsoring relationship and research environment. Students and sponsors will be notified of the results of the review process within 6-8 weeks of application submission.

**Awarded Fellowships**

This fellowship provides successful candidates with a stipend for full-time research. **Students generally begin their programs between July 1 and September 1 for 12 months.** The student is expected to comply with all institutional and laboratory regulations and training requirements of the host institution. The sponsor is responsible for providing all laboratory supplies and reagents for the successful completion of the project. At the end of the award term, the student with the sponsor, are required to submit a final report of the research project to the AHA.

**Location of Work**

Medical Student Fellowship awards are limited to non-profit institutions. Such institutions include: medical and dental schools, schools of public health, pharmacy schools, nursing schools, universities and colleges, public and voluntary hospitals and other non-profit institutions that can demonstrate the ability to conduct the proposed research. **The research must be performed within the following eight states which includes: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island and Vermont.**

**Citizenship**

**At time of application, must have one of the following designations:**

* **U.S. citizen**
* **Permanent resident**
* **Pending permanent resident. Applicants must have applied for permanent residency and have filed from form I-485 with the U.S. Citizenship and Immigration Services and have received authorization to legally remain in the United States (having filed an Application for Employment Form I-765)**
* **J-1 Visa – exchange visitor**
* **E3 Visa – specialty occupation worker**
* **H1-B Visa – temporary worker in a specialty occupation**
* **TN Visa – NAFTA professional**
* **0-1 Visa – temporary worker with extraordinary abilities in the sciences**
* **F1 – student visa**
* **G-4 Visa – family member of employee of international organizations and NATO**

**Awardee must meet American Heart Association citizenship criteria throughout the duration of the award.**

**Applicants are not required to reside in the United States for any period before applying for American Heart Association funding.**

**Method of Payment:** Payment will be made to the institution in one lump sum upon signature of a letter of agreement between the American Heart Association and the host institution.

**Changes of Department or Institution**

Awards may not be transferred.

**Malpractice Liability**

It should be understood that the Association is not responsible for malpractice or claims of malpractice arising out of or resulting from the performance of the investigations carried out under any grant.

**Scientific Publications**

Publications should carry the acknowledgment “This work was supported by a Medical Student Fellowship award from the American Heart Association.”

See application on next pages

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| **FORM A**  **THIS FORM MUST BE TYPED.** |  | Due Date: **December 4, 2019** |
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# MEDICAL STUDENT FELLOWSHIP PROGRAM APPLICATION

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| APPLICANT NAME (Last, First, Middle): |
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| MAILING ADDRESS: |
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|  |
| CURRENT TELEPHONE (include area code): |
|  |
| PERMANENT TELEPHONE (include area code) |
|  |
| ALTERNATE CONTACT NUMBERS, if available, i.e. cell phone, pager, etc. (include area code): |
|  |
| E-MAIL ADDRESS: |
|  |
| DATE OF BIRTH (mm/dd/yyyy): |
| DATES OF ENTIRE PROPOSED PERIOD: (mm/yyyy) |
| FROM:       THRU: |
| DESCRIPTION OF STUDENT’S PRESENT STATUS (PROGRAM, YR OF GRADUATION): |
|  |
|  |
| US CITIZEN? YES  NO |
| **If NO**, visa type: PR  H1  H1B  J1  F1  TC  TN  Other, specify: |
|  |
| FACILITY WHERE WORK WILL BE PERFORMED: |
| NAME OF SPONSOR: |
| DEGREES: |
| SPONSORING INSTITUTION AND ADDRESS: |
|  |
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|  |
| CURRENT TELEPHONE (include area code): |
|  |
| E-MAIL ADDRESS: |
|  |
| DOES RESEARCH INVOLVES BIOHAZARDS? YES  NO |
| DOES RESEARCH INVOLVES HUMAN SUBJECTS? YES  NO |
| DOES RESEARCH INVOLVES ANIMAL SUBJECTS? YES  NO |
| PERCENT OF STUDENT’S TIME DEVOTED TO THIS PROJECT: |

**RECOMMENDATIONS**

|  |  |
| --- | --- |
| TWO LETTERS OF RECOMMENDATION ON INSTITUTIONAL LETTERHEAD FROM FACULTY MEMBERS OTHER THAN THE SPONSOR ARE REQUIRED. LIST NAMES AND CONTACT INFORMATION OF REFERENCES HERE: | |
|  | |
| 1. | NAME: |
|  | TITLE: |
|  | INSTITUTION: |
|  | TELEPHONE: |
|  | E-MAIL: |
|  |  |
| 2. | NAME: |
|  | TITLE: |
|  | INSTITUTION: |
|  | TELEPHONE: |
|  | E-MAIL: |
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| **APPLICANT’S EDUCATIONAL STATUS** |
| EDUCATIONAL INSTITUTION: |
| LOCATION: |
| START DATE (month/date/year):       END DATE (month/date/year): |
| MAJOR: |
| DEGREE SOUGHT: |
| CURRENT GPA (MINIMUM GPA 3.0 REQUIRED) |
| CURRENT CLASS STATUS: |
| ANTICIPATED GRADUATION DATE FROM THIS INSTITUTION (mm/yyyy): |

RESEARCH EXPERIENCE:

(medical student research experience does not count towards the score)

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| --- | --- | --- | --- | --- |
| Describe the type of experience (e.g., internship; trainee; lab assistant; clinical rotation, etc. | Primary Responsibilities/Duties | Institution where the research was conducted and location | Inclusive Dates | Mentor/Supervisor |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |
| Etc. |  |  |  |  |

**RESEARCH PROJECT INFORMATION**

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| --- |
| TITLE OF PROPOSED RESEARCH PROJECT: |
|  |
| HOW IS THIS PROJECT RELEVANT TO CARDIOVASCULAR DISEASE AND STROKE (PLEASE LIMIT NARRATIVE TO 1-2 PARAGRAPHS) |
|  |
| HOW WILL THIS EXPERIENCE CONTRIBUTE TO YOUR CAREER PLANS? |
|  |
| PLEASE DESCRIBE YOUR RESEARCH PROJECT: (The proposal should describe specific aims for the study, a brief scientific background and rationale for the proposal, experimental hypothesis, brief experimental approach and methodology, and anticipated results and interpretation. Description of the project should not exceed *three typewritten pages*.) References should be included within the 3 pages **Page 1** |
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| PLEASE DESCRIBE YOUR RESEARCH PROJECT: (The proposal should describe specific aims for the study, a brief scientific background and rationale for the proposal, experimental hypothesis, brief experimental approach and methodology, and anticipated results and interpretation. Description of the project should not exceed *three typewritten pages*.) References should be included within the 3 pages. **Page 2** |
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| PLEASE DESCRIBE YOUR RESEARCH PROJECT: (The proposal should describe specific aims for the study, a brief scientific background and rationale for the proposal, experimental hypothesis, brief experimental approach and methodology, and anticipated results and interpretation. Description of the project should not exceed *three typewritten pages*.) References should be included within the 3 pages. **Page 3** |
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**FORM B**

**HUMAN AND ANIMAL EXPERIMENTATION AGREEMENT**

The student investigator, the sponsor and the institution will be responsible for:

1. The conformity of the proposed research with ethical standards, including the provision of a suitable explanation to human subjects or their guardians of the experimental design and all significant hazards, so that they may be in a position to provide appropriate informed consent prior to the investigation, and
2. The proper care and humane use of experimental animals when these are the subjects of the research, consistent with the Guiding Principles approved by the Council of the American Physiological Society.

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| --- | --- | --- |
| Applicant (Please Type) | Signature | Date |
|  |  |  |

SPONSOR:

I also agree to accept responsibility for the supervision of this applicant in the conduct of the research project described in this application, and assure that a report of the accomplishments of this project will be submitted at the completion of the proposed research. In this application I have included a letter indicating that I will be the sponsor, how I will interact with the student to insure the Program’s educational intent, and a brief description of the research environment. This letter also includes a clear statement of financial support for the student's project (i.e. lab supplies). I have submitted a *CV*. NOTE: A scientist may only sponsor one applicant.

|  |  |  |
| --- | --- | --- |
| Sponsor (Please Type) | Signature | Date |
|  |  |  |

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| --- | --- |
| Sponsor’s Title: |  |
| Sponsor’s Institution |  |

ADMINISTRATIVE CERTIFICATION OF APPROVAL (Official authorized to sign for Institution):

I understand that the American Heart Association, Medical Student Fellowship Program is a non-commercial, educational venture not intended for employment of participating students. I understand that, should this applicant receive this award, my institution will have operational responsibility for the program and the AHA will be held harmless from any liability arising from the research activity of the student.

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| --- | --- | --- |
| Official signing for applicant institution  (Please include Official Capacity and Title) | Signature | Date |
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FISCAL RESPONSIBILITY:

Award checks are payable to the institution where the work is performed. Please provide name and title of person to whom check should be mailed: (include address & email)

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| --- | --- | --- |
| Authorized Fiscal Officer (Please Type) | Signature | Date |
|  |  |  |
|  |  |  |
| Institution: | | |
| Mailing Address: | | |
| Email: | | |



# AMERICAN HEART ASSOCIATION

## MEDICAL STUDENT FELLOWSHIP APPLICATION CHECKLIST

**APPLICATION DEADLINE:** **Wednesday, December 4, 2019**

**APPLICANT:**

|  |  |
| --- | --- |
|  | Application form (typed) with all required signatures and all items completed, including a letter from the sponsor. Convert and send applications as a single PDF file via email. |
|  | An official school transcript should be sent by mail to the American Heart Association, NYC office. |
|  | If signatures were not included in the PDF application file, please send a hard copy of the signature page by postal mail to the New York City Office. |

**LETTERS OF RECOMMENDATION:**

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|  | Two additional letters of recommendation (sent by the referee and not the applicant) on institutional letterhead sent by postal mail directly to the AHA or if signed, via email to [mary.gonzalez@heart.org](mailto:mary.gonzalez@heart.org) |

**SPONSOR:**

|  |  |
| --- | --- |
|  | Copy of CV (abbreviated version) or NIH Biosketch |
|  |  |
|  | Letter from sponsor indicating: |
|  |  |
|  | a. full responsibility as sponsor of the applicant. |
|  |  |
|  | b. a comprehensive training plan that will facilitate the applicant’s progress towards his/her research career goals. |
|  |  |
|  | c. a clear statement of financial support for the student's research project, i.e. lab supplies, and the research environment. |
|  |  |
|  | Signature on the application (Form B) |

**THANK YOU FOR YOUR APPLICATION**