

School of Medicine Outstanding Student Fellowships - 2015 Call for Nominations

Overview:

The School of Medicine's Office of Graduate Studies is pleased to announce the new School of Medicine Outstanding Student Fellowships - 2015. These fellowships will go to two select PhD students in the School of Medicine. Students will be selected based on their academic excellence, scientific promise, scholarly/professional potential, service to the university community and other notable or outstanding characteristics that make the nominee exceptional.

Award Information:

The total funding package of \$10,344.50 includes:

- Spring 2015 tuition and fees totaling \$5,344.50
- Spring stipend bonus of \$5,000 to be paid directly to the student. This stipend is not to replace an existing stipend but is intended to be a supplement.

Eligibility:

- Nominees must be current UCI PhD students in the School of Medicine
- Nominees must have advanced to candidacy
- Nominees must be within their academic program's normative time-to-degree
- Nominees must have a minimum UCI GPA of 3.7 through Fall 2014
- Nominees must be willing to present a seminar on their research, attend donor events and be featured on the School of Medicine Graduate Studies website.

Application Process:

The completed signed nomination packet for each nominee should be emailed by the department MSO to the Office of Graduate Studies. Each nomination must consist of a single PDF file, and contain the following scanned items in order:

- Completed UCI SOM Outstanding Student Fellowship Department Nomination form.
- Completed UCI SOM Outstanding Student Fellowship Student Information Sheet.
- Current curriculum vitae.
- A confidential letter of recommendation from the nominee's faculty advisor.

Each nomination packet must be saved in the following way: OSF2015-DEPARTMENT NAME-NOMINEE LAST NAME-NOMINEE FIRST NAME. (For example, OSF2015-GRADSTUDIES-JEFFREY-FRANCINE)

Contact Information:

Questions should be directed to Francine Jeffrey (fjeffrey@uci.edu or (949) 824-1028).

Deadline:

The deadline for e-mail receipt of completed/signed nomination PDF packages is noon on Tuesday, February 10th, 2015.

Submit materials to:Francine Jeffrey
fjeffrey@uci.edUC IRVINE – SCHOOL OF MEDICINE
OFFICE OF GRADUATE STUDIES
OUTSTANDING STUDENT FELLOWSHIP – 2015
STUDENT INFORMATION PAGE**STUDENT
INFORMATION****INSTRUCTIONS:** Final nomination packets (including this form, the nomination form, the CV and the confidential PI letter of recommendation) are to be submitted by the department MSO or CAO to Francine Jeffrey no later than noon on Tuesday, February 10th, 2015.

Student Name (Last, First Middle):	_____	_____	_____
Student Email Address:	_____		Student Phone: (____) ____ - ____
Department:	_____		Degree Objective: <input type="checkbox"/> Ph.D.
Expected Date of Degree:	_____	GPA: _____	Student ID #: _____
Faculty Advisor:	_____		

STUDENT BACKGROUND

Please provide a short (100 word max) description of your academic and non-academic background. Include research interests, work experience, outside interests, and any special UCI or extracurricular activities you are involved in.

RESEARCH DESCRIPTION

Please provide a statement (1,000 word max) describing your research project, written for a committee of scientists and non-scientists. The statement should include the broad implications of your research, your progress to date and a general timeline for completion. Also include a brief description of fellowships that have been applied for and any fellowships received, if applicable. (Please include fellowship start and end dates and financial award.)

STUDENT SIGNATURE

I confirm that all information provided in this application is accurate. If I am awarded an Outstanding Student Fellowship, I give permission to the SOM Office of Graduate Studies and the University to use my personal information and any photographs for the purpose of promoting graduate education in the School of Medicine at UCI. I also agree to participate in presentations and discussions about my research as requested and give my consent to be featured on the Graduate Studies website.

Student Name	Signature	Date
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Submit materials to:

Francine Jeffrey
fjeffrey@uci.edu

**UC IRVINE – SCHOOL OF MEDICINE
OFFICE OF GRADUATE STUDIES**

**OUTSTANDING STUDENT FELLOWSHIP - 2015
DEPARTMENT NOMINATION FORM**

STUDENT INFORMATION

Student Name (Last, First Middle):	_____	_____	_____
			Student ID #: _____
Student Email address:	_____		Student Phone: (____) ____ - ____
Department:	_____		Degree Objective: <input type="checkbox"/> Ph.D.

SOM Outstanding Student Fellowship Award Package: Award package will consist of \$10,344.50 and includes:

- Spring 2015 tuition and fees totaling \$5,344.50
- Spring stipend bonus of \$5,000 to be paid directly to the student. This stipend is not to replace any existing stipend but is intended to be in addition to the existing stipend.

Successful nominees must meet the following criteria:

- Nominee has a minimum UCI GPA of 3.7 in graduate level coursework –(y/n)_____
- Nominee has Advanced to Candidacy – (y/n)_____
- Nominee is within their department’s Normative Time to Degree- (y/n)_____
- Nominees must have submitted at least one external fellowship application – (y/n)_____

Students will be selected based on their academic excellence, scientific promise, scholarly/professional potential, community and university service and other notable characteristics that make the nominee exceptional.

Nomination Submission Instructions: Each SOM department may decide the number of nominees that they wish to submit. The nomination packages must be submitted by the department CAO or MSO via e-mail by noon on Tuesday, February 10th, 2015 to Francine Jeffrey (fjeffrey@uci.edu) in the SOM Office of Graduate Studies. Incomplete applications will not be accepted.

- The nomination package should consist of a single PDF file containing the following scanned items in order:
 - A completed and signed Outstanding Student Fellowship Department Nomination Form
 - A completed and signed Outstanding PhD Student Information Sheet
 - The student’s CV
 - A confidential letter of recommendation from the student’s faculty advisor/PI.
- Each nomination packet must be saved in the following way: OSF2015-DEPARTMENT NAME-NOMINEE LAST NAME-NOMINEE FIRST NAME. (For example, OSF2015-GRADSTUDIES-JEFFREY-FRANCINE)

REQUIRED SIGNATURES

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Faculty Advisor /PI Name	Signature	Date
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Department Chair Name	Signature	Date
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