



## NIH National Institute on Aging R25 Summer program application

**PLEASE NOTE:**

**(All application sections must be completed and submitted in full at the time of submission. Revisions or modifications will not be accepted after the application has been submitted). A complete application package must include: 1) a completed application 2) a Resume 3) Statement of Interest 4) 1-2 Letter(s) of Recommendation 5) an Unofficial transcript. All completed applications should be returned to Dr. Nishika Edwards, [nishika@greenvillemed.sc.edu](mailto:nishika@greenvillemed.sc.edu)**

For more information, the link to the program website is provided below:

[https://www.sc.edu/study/colleges\\_schools/medicine\\_greenville/medical\\_education/affiliated\\_pre-med\\_programs/research\\_education\\_program/index.php](https://www.sc.edu/study/colleges_schools/medicine_greenville/medical_education/affiliated_pre-med_programs/research_education_program/index.php)

Student Information:	
First Name:	
Last Name:	
Address:	
City/State/Zip:	
Phone:	
Email:	
Emergency Contact:	

Education:	
School Name:	
School Address:	
Major/Minor:	
Cumulative GPA:	
Current Student Classification (for the 2025-2026 school year):	<input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior

Demographics (include all that apply):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say
Race/Ethnic Group	<input type="checkbox"/> American India or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> More than one race <b>(Select all that apply)</b> <input type="checkbox"/> Unknown or not reported



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Background:	<input type="checkbox"/> Socioeconomically Disadvantaged (Individuals who come from a family with an annual income below <a href="#">established low-income thresholds</a> )* <input type="checkbox"/> Underserved Community (Groups with limited or no access to resources or support- i.e.: have limited English, live in isolated or rural areas, are people of color or from minority ethnic backgrounds, and individuals with disabilities) *
Please specify:	*Were you ever (please check all that apply): <input type="checkbox"/> homeless, <input type="checkbox"/> in foster care, <input type="checkbox"/> eligible for the Federal Free and Reduced Lunch Program for 2 or more years, <input type="checkbox"/> no parent or legal guardian who completed bachelor's degree, <input type="checkbox"/> eligible for Federal Pell grant, <input type="checkbox"/> received Special Supplemental Nutrition Program for Women Infants and Children (WIC), <input type="checkbox"/> grew up in rural area.

Additional information: (These references must be from your university)		
Reference 1:	First and Last Name:	
	Email Address:	
	Phone Number:	
Reference 2:	First and Last Name:	
	Email Address:	
	Phone Number:	

### Brief Statement of Interest

(Within the given space below; 800-word max., 12 pt. font, Times New Roman, 1.5 lines spacing.)

In the brief statement, please include the following:

- Briefly tell about yourself.
- Your research interests and academic goals.
- Why are you interested in the NIH R25 program?
- What would be your contribution to the NIH R25 program?