The Collegiate Science & Technology Entry Program presents...

CSTEP 2018 SUMMER RESEARCH PROGRAM

Application Deadline:
THURSDAY, MARCH 15, 2018

Students accepted into the program will be notified by March 30, 2018.

Here’s what’s in it for you:
- $3,400 Stipend & Meal Card
- Faculty Mentorship
- Intensive, Challenging Research Experience
- Research Methods Seminar (3-credits)
- Graduate School Preparation
- Networking with Professionals, Faculty, & Peers
- Weekend Fieldtrips
- Community Service
- Development of Soft Skills via Seminars with Experts
- All Expenses Paid to Attend & Present at the UB Undergraduate Research Conference

Total Value = $4,800!

Who’s eligible for the Summer Research Program?
- U.S. citizen or permanent resident
- Underrepresented (African-American, Latino, Native American) or economically disadvantaged
- At least a rising sophomore with two semesters of science coursework completed
- UB students pursuing a STEM or allied health professions
- Minimum 2.8 GPA

How’s the Summer Research Program structured?
8.5-week program from May 29 – July 26, 2018.

Students are matched with a faculty mentor to conduct research for 25 hours per week. Additionally, participants will attend a research methods seminar, workshops, and fieldtrips. The program culminates with our capstone Research Poster Symposium where students present their research to peers, faculty, and the University community.

How do I apply?
- Completed 2-part CSTEP SRP Application (on our website & in the office)
- Personal Statement
- Two Letters of Recommendation (faculty, supervisor, staff and/or advisors)
- Copy of UB Student ID
- Official College Transcript
- Résumé

FOR MORE INFORMATION ABOUT THE CSTEP SUMMER RESEARCH PROGRAM & THE APPLICATION:
VISIT OUR WEBSITE CPMC.BUFFALO.EDU/CSTEP/RESEARCH/SUMMER -OR- SCAN HERE

CSTEP MOTTO: “TO WHOM MUCH IS GIVEN, MUCH IS EXPECTED”
**SRP CHECKLIST:**

- Official transcript(s) (copies are not accepted) with this Cover Sheet
- Two Letters of Recommendation – can be emailed by sender (At least one from a faculty member or supervisor on letterhead)
- Copy of your Student ID
- 1-2 page Personal Statement – include with this Cover Sheet
- Resume with this Cover Sheet

---

**PART 1. CSTEP SRP BIOGRAPHICAL/ACADEMIC INFORMATION**

Please print clearly *All information requested is required*

<table>
<thead>
<tr>
<th>BIOGRAPHICAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Local/Campus Address:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>Local/Mobile Phone: ( )</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
<tr>
<td>Permanent Address:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>Person Number:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>Ethnicity:</td>
</tr>
<tr>
<td>United States Citizen: Yes No</td>
</tr>
<tr>
<td>Permanent Resident: (Yes/No) Alien Registration number: -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACADEMIC INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Level:</td>
</tr>
<tr>
<td>Major and GPA:</td>
</tr>
<tr>
<td>Highest degree you plan to pursue:</td>
</tr>
<tr>
<td>Master’s/Doctorate/Professional</td>
</tr>
<tr>
<td>Anticipated Graduation Date:</td>
</tr>
<tr>
<td>Area of research you are interested in:</td>
</tr>
<tr>
<td>Have you identified a faculty mentor? If so, please provide their name and contact information:</td>
</tr>
<tr>
<td>Please list other programs that you have participated in or currently participate in:</td>
</tr>
</tbody>
</table>

---

**PERSONAL STATEMENT**

1-2 pages (12-pt font with 1-inch margins) describing your interest in STEM or the allied health professions, research, and the Summer Research Program. Include your prior research experiences, academic plans, as well as your short and long term professional goals. Lastly, how can the CSTEP SRP contribute to your goals and professional aspirations, and what do you hope to gain and accomplish, if selected?
REFERENCES

List 2 anticipated references (at least one faculty member) and provide a letter of recommendation from each:

1. Name: _______________________________ Title: _____________________________________

2. Name: _______________________________ Title: _____________________________________

PART 2. CONTINUE TO ONLINE APPLICATION FOR CSTEP SRP

Please follow this link [http://tinyurl.com/cstepsummer](http://tinyurl.com/cstepsummer) for the application. Please see CSTEP staff if you have any questions with the application process.

STATEMENT OF UNDERSTANDING

The CSTEP Summer Research Program is designed to benefit talented students who are in serious pursuit of advanced degrees in STEM and the allied health professions, where there is a critical shortage of underrepresented students. I certify that the information in my application is accurate and complete. If selected, I understand that this is a full-time commitment and I agree to participate in ALL aspects of the summer research program. Failure to do so will result in additional requirements in order to receive stipend(s).

Applicant’s Signature: _______________________________ Date: ________________

Submit completed application to:
Shanna Crump-Owens, CSTEP Director
University at Buffalo
222 Norton Hall
Buffalo, NY 14260
Email: sicrump@buffalo.edu
(716) 645-2234
COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)
SUMMER RESEARCH PROGRAM (SRP)
Recommendations are due on or before Thursday, MARCH 15, 2018

-RECOMMENDATION FORM-
TO BE ENCLOSED WITH LETTER OF RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Name: __________________________________________

Email: ___________________________ Phone: ( )_ - ______

Under the Family Education Rights and Privacy Act, a student participating in the CSTEP Summer Research Program has access to his/her program file. CSTEP wishes to comply with this law, while still allowing the student to waive the right to access. If you wish to waive the right to examine this recommendation later, please sign here:

Applicant's signature: ___________________________ Date: ____________________

TO BE COMPLETED BY RECOMMENDER

An application for admission to the CSTEP Summer Research Program requires recommendations from two individuals who are capable of judging the professional and academic promise of the applicant. Return this recommendation form with a letter of reference in a sealed envelope, with your signature written across the seal, by Thursday, March 15, 2018. The recommendation could be returned via email with the Subject Line “SRP Recommendation Letter” or brought to the following:

Shanna Crump-Owens
CSTEP Director
University at Buffalo
222 Norton Hall
Buffalo, NY 14260
Email: sicrump@buffalo.edu
(716) 645-2234

Recommender’s Name: __________________________ Title: __________________________

Address: __________________________________________

Telephone: ( )_ - ______ Telephone: __________________________ Email: __________________________

In what capacity do you know the applicant? __________________________________________

How long have you known the applicant? __________________________________________

How does this applicant compare with her or his peer group in academic ability?

(Among the very best you have known)
(Top 25%)
(High ability)
(Lower 50%)

The CSTEP program would appreciate a candid statement from you concerning the applicant named above. Please comment in detail concerning the applicant’s accomplishments, abilities, character, and capacity for success as a student in the summer research program.

________________________________________ Date ____________________

Signature

Special thanks to David T. Archer, Carrie E. Bloch, and Richard M. Hinz for their help in preparing the recommendation form.
TO BE COMPLETED BY APPLICANT

Name: ____________________________

Email: ____________________________  Phone: (____) ________________________

Under the Family Education Rights and Privacy Act, a student participating in the CSTEP Summer Research Program has access to his/her program file. CSTEP wishes to comply with this law, while still allowing the student to waive the right to access. If you wish to waive the right to examine this recommendation later, please sign here:

Applicant’s signature: ____________________________  Date: ________________________

TO BE COMPLETED BY RECOMMENDER

An application for admission to the CSTEP Summer Research Program requires recommendations from two individuals who are capable of judging the professional and academic promise of the applicant. Return this recommendation form with a letter of reference in a sealed envelope, with your signature written across the seal, by Thursday, March 15, 2018. The recommendation could be returned via email with the Subject Line “SRP Recommendation Letter” or brought to the following:

Shanna Crump-Owens  
CSTEP Director  
University at Buffalo  
222 Norton Hall  
Buffalo, NY 14260  
Email: sicrump@buffalo.edu  
(716) 645-2234

Recommender’s Name: ____________________________  Title: ____________________________

Address: ____________________________

Telephone: (____) ________________________  Email: ____________________________

In what capacity do you know the applicant? ____________________________

How long have you known the applicant? ____________________________

How does this applicant compare with her or his peer group in academic ability?

(Among the very best you have known)  (Top 25%)  (High ability)  (Lower 50%)

The CSTEP program would appreciate a candid statement from you concerning the applicant named above. Please comment in detail concerning the applicant’s accomplishments, abilities, character, and capacity for success as a student in the summer research program.

______________________________  ________________________
Signature  Date