

Clare Boothe Luce/Maine Space Grant Research Scholars Application Form

Research Fellowships Spring 2012

Name _____ Year _____

Major _____

Faculty Mentor(s) _____

This form must be completed in consultation with your faculty Mentor.

Please complete this form electronically and email, along with a scanned copy of your Bearings transcript, to Prof. Jennifer Taback at jtaback@bowdoin.edu by February 21, 2012. Your faculty mentor should email a letter of recommendation directly to Prof. Taback.

I am a United States Citizen: Yes _____ No _____

I am considering applying to medical school: Yes _____ No _____

Please answer the following questions; your completed form should be no more than two pages. If you are planning to be off campus during part of the award period, please describe how you will continue your research project during that time.

1. Describe the goal of your project.
2. Why is this project interesting to you?
3. What do you expect to contribute to this project?
4. What do you expect to learn from this experience?