#### Summer 2016

#### Brackenridge / HCHS Fellowship Program Application Form

#### **BACKGROUND AND OBJECTIVES OF THE PROGRAMS**

The University Honors College founded the **BRACKENRIDGE SUMMER FELLOWSHIP** Program in 1990 to provide two distinctive opportunities for the undergraduate who combines academic talent with scholarly motivation and intellectual scope:

First---through a three month summer stipend, the Program seeks to provide an extended, continuous opportunity for *unfettered research and independent study* leading to a work of completed scholarship. Second---through weekly seminars where Fellows present their work, the Program seeks to provide a supportive forum for discussion and *interdisciplinary intellectual fellowship*.

The Honors College - Health Sciences (HCHS) Summer Research Fellowship Program was added in 2014. It is intended for full -time undergraduate students on the Oakland campus who plan to pursue a career in one of the health-related fields.

# **APPLICANT INFORMATION**

First Name	Last Name PeopleSoft ID
Address 1	Cell Phone PITT E-Mail   (or home phone) Address
Address 2	City State Zip
Major Area(s) of Study	Which Pitt-Oakland   school do you attend?
Expected Term of Graduation	GPA (cumulative)
Title of Proposed Research Project	
	articipated in either the   Would you also like to be considered   Are you pursuing     ICHS programs before?   for the HCHS Fellowship Program?   a BPhil?
FACULTY	MENTOR INFORMATION
Full Name	Department / School
PITT E-Mail Address	

### ADDITIONAL APPLICATION MATERIALS REQUIRED

Type in all of the information requested on this **Application Form** and print it out. In addition, the following four items are required for your application to be complete (See the PDF below for detailed instructions):

(1) A typed **Project Proposal**.

- (2) A brief Statement of Interest in the Community.
- (3) An up-to-date Academic Transcript.
- (4) A Letter of Recommendation From your Faculty Mentor.

### DIGITAL SIGNATURE

By typing my full name (e.g., Joanne Q. Public) in the following box IRB approval if my research requires it (if unsure, contact your faculty mentor) and that I will attend the student seminars and faculty lectures.

## SUBMISSION INSTRUCTIONS

**Type** in the information requested above then print this form. Use the completed form as a cover sheet for your other materials and send all to:

# BRACKENRIDGE FELLOWSHIP PROGRAM

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### FEBRUARY 29, 2016