

**APPLICATION FORM**

PLEASE SAVE THE APPLICATION FORM AND APPLICATION ESSAYS AS ONE DOCUMENT IN .PDF FORMAT AS

“**LASTNAME-FIRSTNAME.PDF**” (EX: “SMITH-JOSEPH.PDF”), BEFORE UPLOADING TO

[CENTRALIZED APPLICATION FOR RESEARCH AND TRAVEL](https://apps2.registrar.fas.harvard.edu/carat/)

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| **APPLICATION FORM Please respond in type in the spaces below.**  |
| Name (LAST NAME IN CAPS, First name, M.I.):      |
| Gender:       | U.S. Citizen or U.S. Permanent Resident (Y/N):       | Ethnicity:       |
| Current Institution:      | Class Year (e.g. 2019):       | Cumulative GPA (on 4.0 scale):       |
| Major/Concentration:      | Major/Concentration GPA (on 4.0 scale):      |
| Institutional (.edu) Email Address:      | Personal Email Address:      |
| Recommender 1 Name: Recommender 1 Email: Institution:                  |
| Recommender 2 Name: Recommender 2 Email: Institution:                  |
| *Please enter up to three potential faculty hosts. Due to a number of variables, we cannot guarantee that we will be able to accommodate your faculty host requests. The Harvard-Amgen Scholars Program will work closely with students and faculty to provide lab placements with good learning environments for summer program participants.* |
| Harvard-Amgen Faculty Host 1: Harvard-Amgen Faculty Host 1 Email:           Harvard Department/Research Center:      |
| Harvard-Amgen Faculty Host 2: Harvard-Amgen Faculty Host 2 Email:           Harvard Department/Research Center:      |
| Harvard-Amgen Faculty Host 3: Harvard-Amgen Faculty Host 3 Email:           Harvard Department/Research Center:      |
| Please write a brief synopsis (100 words max) about the research you’d like to pursue this summer:      |



**APPLICATION ESSAYS**

PLEASE ANSWER THE APPLICATION ESSAY QUESTIONS BELOW. DO NOT EXCEED THE WORD LIMIT. ALL ESSAY QUESTIONS ARE REQUIRED FOR APPLICATIONS TO BE CONSIDERED.

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| **APPLICATION ESSAYS Please respond in type in the spaces below.** |
| **Essay 1: Describe the research project that interests you most and articulate why it appeals to you. Focus on your principal choice, but include a paragraph at the end to briefly discuss your second and/or third choices. (1000 words maximum)**      |
| **Essay 2: What have you done academically to prepare for this particular experience? (500 words maximum)**      |
| **Essay 3: What are your academic/professional goals, and how do you see this opportunity supporting your trajectory as a scientist? (500 words maximum)**      |
| **Essay 4: How would you benefit from and contribute to the Amgen Scholar community of undergraduate biotechnology researchers? (500 words maximum)**      |

By virtue of my typed signature below, I affirm that the information in my application materials and essay responses is truthful and accurate to the best of my knowledge.

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|       |       |

|  |  |
| --- | --- |
| *(your signature)*  | *(date)* |



**WAIVER FORM**

**WAIVER FOR LETTERS OF RECOMMENDATION**

**TO THE APPLICANT:**

Please discuss the issue of confidentiality, or right of access, with each person whom you will ask to write a letter of recommendation on your behalf. This form applies only to letters which will be held on file for you in the Harvard-Amgen Scholars Program Office. Please note that **all** application materials for unsuccessful applicants are destroyed after three years. Print your name and that of your recommenders, check whether you do or do not waive your right of access, sign and date the form, and upload it with your application to the Harvard-Amgen Scholars Program using the [Centralized Application for Research and Travel](https://apps2.registrar.fas.harvard.edu/carat/).

“Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended, I,      ,

[ ]  **do** / [ ]  **do not** waive my right of access, as provided by law, to the letters of recommendation written on my behalf by       and      .”

|  |  |
| --- | --- |
|       |       |
| *(your signature)*  | *(date)* |

Entering your name here affirms this waiver choice.