



January 6, 2014

Attached please find information on the Summer Program for Undergraduate Research (SPUR) at Eastern Virginia Medical School. We will offer several stipends of \$3000 each to top applicants for a 10 week, full-time research experience. Laboratories in the following research areas are available to the students who are chosen:

- Cancer biology and proteomics
- Cardiovascular biology
- Obesity and diabetes
- Reproductive biology
- Myosin biochemistry
- Immunology
- Virology
- Neuroscience
- Ocular pharmacology
- Radiation biology

Students who have completed at least 2 years of college, with a major in biology, chemistry or a related field, and who have a 3.0 or better GPA, both overall and in science courses. **Completed applications**, including the attached form, personal statement, a letter of recommendation from a science professor who knows the student well, and college transcripts from all schools attended, should be sent to the address on the form and **must be received by April 1, 2014**. If your students would like an electronic form, please ask them to email us at biomedsci@evms.edu.

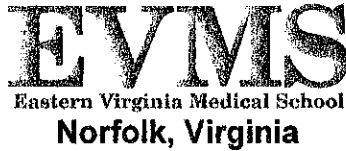
Please make this opportunity known to your students. I would be happy to answer questions about the SPUR program or our Biomedical Sciences Master's, Biotechnology Master's, and Biomedical Sciences Ph.D. Programs.

Sincerely,

A handwritten signature in cursive script that reads "Earl W. Godfrey".

Earl W. Godfrey, Ph.D.
Director, Biomedical Sciences Programs
Eastern Virginia Medical School
P.O. Box 1980
Norfolk, VA 23501

Email: godfreew@evms.edu



2014 Summer Program for Undergraduate Research (SPUR)

APPLICATION FORM

Name: _____ **Male** **Female**
 First Last MI

Permanent Mailing Address: _____
 Street or P.O. Box City State Zip Code

Email Address: _____ **Telephone no. () _____ - _____**

College or University: _____ **Major:** _____

Sophomore **Junior** **Senior** **Recent Graduate**

Overall GPA (must be above 3.0): _____

Science/math GPA (must be above 3.0): _____

Information about the professor providing your recommendation:

Name: _____ **Department:** _____

E-mail address: _____ **Office phone number:** _____

PERSONAL STATEMENT:

In 250 words or less: (1) explain why you want to do summer research; (2) describe your research interests and experience, if any; (3) summarize your educational and career goals.

Statement must be typed or submitted by email to biomedsci@evms.edu. You may also request an electronic version of this application by emailing this address.

Completed applications MUST BE RECEIVED by April 1, 2014 and include:

- (1) undergraduate transcripts (sent by all colleges and universities attended)
- (2) application form
- (3) personal statement
- (4) letter of recommendation from a science professor who knows you well

Send applications to:

**Biomedical Sciences Programs
Eastern Virginia Medical School
Lewis Hall 3081A, 700 W. Olney Rd.
P.O. Box 1980
Norfolk, VA 23501**