

MSTAR 2024 Application Form



Application for Medical Student Training in Aging Research (MSTAR) at UC San Diego is now open! Please complete the form below.

Please note, you will be asked to upload your personal statement, CV and a letter from your Home Faculty Sponsor. Review our website for the attachments requested. Please complete those documents before starting this application.

Please enter your initials for each statement to indicate your understanding and agreement.

	Yes	No
I affirm that I will have completed at least one year of study at a school of medicine or osteopathy prior to June 2024.	<input type="checkbox"/>	<input type="checkbox"/>
I affirm that I am a citizen or permanent resident of the United States.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my application will not be considered complete until it includes a Home Institution Faculty Sponsor plan (from a faculty mentor from my home medical school) and the NIH-style biographical sketch of the Home Institution Faculty Sponsor.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to commit a minimum of 8 consecutive weeks (or 2 months, as appropriate) to the Program, 320 work hours.	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Information

Last Name

First Name

Current Address

Current Medical School Information

Current Medical School

Month/Year started

Graduation expected (year)

Are you applying with a UC San Diego mentor? If so, please provide their name, title, and email. (You can apply with or without a mentor. If you are applying without a mentor, our program staff will match you with a faculty mentor after you will have been accepted to the program.)

Mentor's Full Name

Mentor's Title

Mentor's Email

Please select your preferred area of research. Check all that apply.

- Addiction Medicine
- Alzheimer's Disease and/or Related Dementias
- Biology of Aging
- Dermatology
- Healthy Aging
- Health Disparities
- HIV and Aging
- Nephrology
- Oncology
- Ophthalmology
- Psychiatry
- Surgical Specialties
- Technology in Aging
- Other. Please describe below

Please list the earliest date you can start the MSTAR program, and the latest date you can complete the program:

Please let us know if you will not be in-person for any part of 2024 Summer MSTAR.

Do you anticipate any particular scheduling needs during the summer?

How did you hear about this scholarship program?

CV

Please upload your CV/Resume here. Save it as a pdf titled "Last Name_First Name_CV.pdf" and upload it here.

No file chosen

HOME INSTITUTION FACULTY SPONSOR FORM

Please upload your HOME INSTITUTION FACULTY SPONSOR here. **Use the blank form that can be downloaded on our website.** Please save it as a pdf titled "Last Name_First Name_HIFS.pdf" and upload it here.

No file chosen

PERSONAL STATEMENT

In your statement, describe your past experience, expectations for the program, future goals, and other important information you would like to convey to the review committee. The personal statement should address your interest in geriatrics or aging research, discuss how this interest is related to the above-listed honors, activities, and courses, and explain why you are interested in this program in particular. This portion of the application is weighted heavily by the review committee. Please be succinct, but provide enough detail to describe your interest (maximum of 750 words).

You can upload your personal statement as a pdf with the button below, please use the blank form that can be downloaded on our website. Please save it as a pdf titled "Last Name_First Name_Personal Statement.pdf" and upload it here.

No file chosen