

2022 AGA-Aman Armaan Ahmed Family SURF Application

Instructions

This application has two parts:

1. [This form](#): Identify a research mentor that you hope to work with or have already committed to work with during Summer 2022.
2. [After you submit this form](#): Work with your mentor to submit details about the research you plan to do in Summer 2022.

Your Name

First Name

Last Name

Mentor Selection

[Do you already have a research mentor?](#) If so, select, "I already have a mentor" and search for your mentor's name. If you cannot find your mentor's name, it means they are not currently an AGA member and must join for you to be eligible to apply. If your mentor has any questions about their AGA membership, please ask them to email member@gastro.org.

[Are you looking for a research mentor?](#) Several AGA members have volunteered to be available as potential research mentors for Summer 2022. Please review the list of participating mentors and their research summaries in the [request for applications](#) before proceeding.

1. Using the dropdown, select the name of the mentor you would like to contact with your interest in working in their lab.
2. Complete the form below, including a note to the mentor introducing yourself.
3. Click "Save and Finalize." This will automatically send an email to the mentor with your note and other details provided on this form.

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[Mentor Selection](#) → [Applicant Information](#) → [Mentor's Letter of Recommendation](#) → [Additional Letter of Recommendation](#) →
[Project Information](#) → [Contact Permissions](#)

First Name

Middle Name

Last Name

Email Address

Degree Sought

Enter the degree you plan to receive at the end of your undergraduate program.

Major

Please enter your undergraduate major (e.g., biology, pre-med, history). Enter 'undeclared' if you have not yet selected a major. Separate multiple majors with a comma.

Institution

Address Line 1

Address Line 2

City

State/Province

ZIP/Postal Code

Underrepresented Groups in Biomedical Research

The following groups are considered underrepresented in biomedical research and are eligible to apply:

- Racial and ethnic groups: African Americans or Blacks, Native Alaskans, Native Americans, Native Hawaiians and U.S. Pacific Islanders, and Latinx or those with Hispanic origin.
- Individuals with disabilities.
- Individuals from disadvantaged backgrounds, i.e., those meeting **two or more** of the following criteria:

- Current or former homeless.
- Those who were in the foster care system.
- Those who were eligible for the [Federal Free and Reduced Lunch Program](#) for two or more years.
- First generation college students.
- Those who were or are currently eligible for [Federal Pell grants](#).
- Those who received support from the [Special Supplemental Nutrition Program for Women, Infants and Children](#).
- Those who grew up in a U.S. rural area according to the [Health Resources and Services Administration](#) or a [Low-Income and Health Professional Shortage Area](#) according to the Centers for Medicare and Medicaid Services.

Sex

- Female
- Male
- Non-binary
- I prefer not to disclose my sex

Ethnicity

- Latinx/Hispanic origin
- Not Latinx or Hispanic origin
- I prefer not to disclose my ethnicity

Race

Please check all that apply.

- Asian
- Black or African American
- Middle Eastern or North African
- Native American or Alaskan
- Native Hawaiian or Pacific Islander
- White
- Other (please specify)
- I prefer not to disclose my race

Do you have a disability?

Individuals with disabilities are defined by the [Americans with Disabilities Act \(ADA\)](#) as those with a physical or mental impairment that substantially limits one or more major life activities.

- No
- Yes

Do any of the following criteria apply to you?

Check all that apply. If none of the criteria apply to you, select "None of the above."

- Current or formerly homeless.
- Spent time in foster care.
- Eligible for Federal Free and Reduced Lunch Program for two or more years.
- First generation college student.
- Eligible for Federal Pell grants.
- Received support from the USDA Special Supplemental Nutrition Program for Women, Infants and Children.
- Grew up in a U.S. rural area according to the Health Resources and Services Administration or in a Low-Income and Health Professional Shortage Area according to the Centers for Medicare and Medicaid Services.
- None of the above.

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[Mentor Selection](#) → [Applicant Information](#) → [Mentor's Letter of Recommendation](#) → [Additional Letter of Recommendation](#) →

[Project Information](#) → [Contact Permissions](#)

Mentor's Information

(Not Sent)

Your research mentor will need to submit a letter in support of your application. Please enter their name and email address in the boxes below.

When you click "Send Request Now", AGA will send a message to the provided email. Your mentor will receive a link to submit their letter of support so that it is automatically attached to your application. You will receive a confirmation when the letter is submitted.

Please let your mentor know that you are sending the request so that they know to expect it.

Full Name

Email

Send Request Now

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[Mentor Selection](#) → [Applicant Information](#) → [Mentor's Letter of Recommendation](#) → [Additional Letter of Recommendation](#) →

[Project Information](#) → [Contact Permissions](#)

Reference

Enter the details for a reference below. Your reference is someone different from your mentor. Pick a current or past professor who can speak to your academic engagement and qualifications.

Referee First Name

Referee Last Name

Referee Degree(s)

Separate multiple degrees with commas (e.g., MD, PhD).

Referee Position/Title

College/University/Institution

Authorization to Contact Your Referee

(Not Sent)

By entering a name and email address for your reference in the boxes below you authorize AGA to contact the referee and request a letter in support of your application.

When you click "Send Request Now", AGA will send a message to the provided email address. The referee will receive a link to submit their letter of recommendation so that it is automatically attached to your application. You will receive a confirmation email when the letter is submitted, though you will not have access to the letter itself.

Please discuss this opportunity with your reference before sending the request so that they know to expect it.

Full Name

Email

[Send Request Now](#)

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[Project Information](#) → [Contact Permissions](#)

Project Information and Uploads

Please tell us about your proposed research project and upload your other application documents.

Project Title

Enter a title for your research project.

Abstract

Summarize your research project in 250 words or less.

Word count: 0 / 250

Instructions for Uploads

PDF files are required for all document uploads listed below and individual files may not exceed 25 MB. Clearly mark each document with a section header at the top of the first page (e.g., LastName_ResearchPlan).

Carefully follow the page limits listed for each document below and please follow the formatting guidelines listed here:

- Use 8.5 x 11-inch pages in portrait layout.
- Use 0.5-inch or larger margins.
- Use 11-point or larger Arial, Calibri, Helvetica, or Times New Roman fonts.

Applications missing any of the required documents will automatically become ineligible for review.

Research Proposal

The research proposal should describe the research you plan to perform during the award period. Limit the proposal to two pages maximum. Include these sections:

1. **Background information:** Why is the research you plan to do important? What digestive disease(s) is your research related to? What impact will this research have on patients living with this disease?
2. **Research plan:** What are the key questions you will address through your research (i.e., specific aims)? What techniques, methods, datasets and approaches will you use to answer your key questions?

Choose File No file chosen

Personal Statement

The personal statement is limited to one page and should describe:

1. Your career goals, including how this award will support your reaching those goals.
2. Your research background, if any. Previous research experience is not required.
3. Your interest in digestive disease research.
4. Your involvement in creating the research proposal.

Choose File No file chosen

Transcript(s)

Include a copy of your academic transcript(s). There is no page limit and unofficial transcripts are acceptable, provided all courses and credits are clearly legible.

Choose File No file chosen