

# PLEASE REVIEW PRIOR TO STARTING YOUR APPLICATION

## Initiative for Maximizing Student Development in Translational Medicine (IMSD) 2025 Application

Please review the questions below and answer accordingly.

Applications are DUE on January 31st, 2025. This application, written section, and permission to access your graduate application due this day/time. All letters of reference must be received by February 3rd, 2025.

Each response is limited to 300 words, please respect that limit. For written responses, you will be instructed to upload a document (format .pdf or .docx).

You will also be asked to upload 3 reference letters or if your letter writers would prefer to email them directly, please send to [vanessa.selwyn@colostate.edu](mailto:vanessa.selwyn@colostate.edu)

If you would prefer for us to access your PhD Program reference letters, please email [vanessa.selwyn@colostate.edu](mailto:vanessa.selwyn@colostate.edu)

If your application is submitted prior to completion and you would like access to revise it, please contact [vanessa.selwyn@colostate.edu](mailto:vanessa.selwyn@colostate.edu)

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What is your name?

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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What is your email address?

**\*\*you will be contacted through this address, please ensure you check it regularly after the application deadline\*\***

Email Address \_\_\_\_\_

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### Eligibility for the IMSD T-32 Grant

Are you currently a US Citizen, a non-citizen national of the United States or have you been lawfully admitted for permanent residence?

- Yes
- No

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## **Academic Eligibility for the IMSD T-32 Grant**

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Since the IMSD Program is not degree-granting, you will need to apply to a PhD Program (or programs) in the College of Veterinary Medicine and Biomedical Sciences (CVMBS) or associated with CVMBS for admission Fall 2025.

Please select the CSU CVMBS Program(s) that you [have/will have] applied for PhD admission Fall 2025. **\*\*This selection will give us the right to access your PhD application materials, as needed for verification, transcripts, and other necessary information.\*\***

- Biomedical Sciences
- Cell and Molecular Biology
- Clinical Sciences
- Environmental Health
- Microbiology
- Molecular, Cellular, and Integrative Neuroscience
- Pathology
- Radiological Health
- Toxicology
- Other \_\_\_\_\_

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## **Learning and Academic Information**

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Please list your degree(s) & GPA(s)? (4.0 Scale)

Include and make a note of expected degree(s) if they will be completed before Fall 2024. If you have more than one of a degree (i.e. 2 Bachelor degrees), please list both degrees (i.e. "Bachelor's box" indicate both degrees).

Information to list: School, Degree, GPA (i.e. New Mexico State University, BS-Biology, 3.76)

- Master's \_\_\_\_\_
  - Bachelor's \_\_\_\_\_
  - Associate's \_\_\_\_\_
  - Other (please list) \_\_\_\_\_
- 

Have you experienced / do you identify with any of the situations listed?

Choose all that apply. Please feel free to expand on any of these experiences in the written section later.

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- Attended a Community College
- First Generation College Student
- Post-Baccalaureate classes or learning
- This is not your first time applying for a PhD
- Major challenges to gaining research experience
- Major challenges to completing a degree
- Major familial responsibilities during your academic journey
- Maintained extramural (outside of campus) employment during your academic journey
- Had low GPA that you worked hard to raise over your academic journey
- I have experienced none of the listed choices

Non-traditional learning experiences:

Choose all that apply. Please feel free to expand on any of these experiences in the written section later.

- Participated in STEM Outreach
- Participated in Community Outreach/Service
- Participated in (academics, family, community, religious, athletic, etc.) group(s)
- Teaching / Tutoring experience
- Cause major independent, (non-research related) contribution to an undergraduate/master's program
- I have experienced none of the listed choices

**Research Experiences and Information**

Choose all that apply and fill in the text box with specifics.

Please feel free to expand on any of these experiences in the written section later.

- Manuscript Author \_\_\_\_\_
- Poster Author \_\_\_\_\_
- Presentation Author \_\_\_\_\_
- Research Award \_\_\_\_\_
- More than 2 years research experience \_\_\_\_\_
- post-baccalaureate research experience \_\_\_\_\_
- Summer Research Experience (as part of a program)

**Written Answer Section.**

Please upload your responses in .pdf or .docx format.

Please respect the 300 word limit per question!

Please describe your specific interest in Colorado State University, the CVMBS PhD program(s) you applied (or plan to apply to), **and** your specific interest in the IMSD Translational Medicine program. Highlight how you will benefit from CSU, PhD Program and the IMSD Program.

(Word Limit: 300)

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Please describe your current and future career goals.

Specifically, discuss your personal and academic experiences (including pre-college and college experiences) that led you to those goals.

(Word Limit: 300)

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Please include why you think translational medicine is important and your interest in translational research.

(Word Limit: 300)

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Please describe a time you overcame an obstacle in your academic, research or personal life.

(Word Limit: 300)

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Please discuss your personal interest in increasing diversity in the biomedical workforce.

(Word Limit: 300)

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**Letters of Reference:**

ALL LETTERS are due by February 19th 2024.

Please attach 3 letters of reference that discuss how you will benefit from joining the IMSD program and your qualifications to begin a PhD program.

If you would prefer for us to access your PhD Program reference letters, please email [vanessa.selwyn@colostate.edu](mailto:vanessa.selwyn@colostate.edu)

3 letters required:

- (1) Professor or Researcher
  - (2) Employer or Researcher
  - (3) your choice. . . family, friend, group leader, another professor, etc.
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Professor or Researcher: Letter will speak to your educational qualifications

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Employer or Researcher: Letter will speak to your work ethic

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3rd Letter of Reference - your choice

## Demographics for the IMSD T-32 Grant

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How do you identify (racially / ethnically)? Choose all that apply.

- White
  - Black or African American
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or Pacific Islander
  - Latinx (Hispanic, Latino, or of Spanish-origin)
  - Other (specify) \_\_\_\_\_
- 

What is your gender?

- Male
  - Female
  - Non-binary / third gender
  - Prefer not to say
  - Other (please list) \_\_\_\_\_
- 

Do you identify as an individual with any disabilities?

As defined by as an individual with a physical or mental impairment that substantially limits one or more major life activities, as described in the [amended Americans with Disabilities Act](#).

Disabilities include, but are not limited to: • Autism • Autoimmune disorder (for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS) • Blind or low vision • Cancer • Cardiovascular or heart disease • Celiac disease • Cerebral palsy • Deaf or hard of hearing • Depression or anxiety • Diabetes • Epilepsy • Gastrointestinal disorders (for example, Crohn's disease, irritable bowel syndrome) • Intellectual disability • Missing limbs or partially missing limbs • Nervous system conditions (for example, migraine headaches, Parkinson's disease, or multiple sclerosis) • Psychiatric conditions (for example, bipolar disorder, schizophrenia, PTSD, or major depression)

- Yes (If comfortable disclosing, please list) \_\_\_\_\_
  - No
  - I prefer not to disclose this information
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Would you identify as an individual from a disadvantaged background?

Choose all that apply.

- Were or currently are homeless, as defined by the [McKinney-Vento Homeless Assistance Act](#)
- Were or currently are in the foster care system, as defined by the [Administration for Children and Families](#)
- Were eligible for the [Federal Free and Reduced Lunch Program](#) for two or more years
- First Generation - Have/had no parents or legal guardians who completed a bachelor's degree (see the [U.S. Department of Education](#))
- Were or currently are eligible for [Federal Pell grants](#)
- Received support from the [Special Supplemental Nutrition Program for Women, Infants and Children \(WIC\)](#) as a parent or child;
- Grew up in one of the following areas: a) a U.S. rural area, as designated by the [Health Resources and Services Administration Rural Health Grants Eligibility Analyzer](#), or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas ([Zipcode Spreadsheet](#)).
- None of the above are part of my identity

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How did you learn about this opportunity?

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