



**Summer Training in Academic Research
2024 Teacher Application**

APPLICANT INFORMATION		
Last name:	First name:	Middle name:
Street address:		Apartment/unit:
City:	State:	Zip:
Phone:	Personal E-mail address (non-school):	
Date of birth:	Age on June 20, 2024:	
Gender:	Race/ethnicity*:	
As the NIH limits participation in this program to U.S. citizens, please indicate your citizenship status below:		
<input type="checkbox"/> Yes, I am a U.S. citizen.		
<input type="checkbox"/> No, I am not a U.S. citizen.		

* Participation in this program is not restricted by race or ethnicity; the NIH requires that we ask for this information.

EDUCATION*				
High school:		City, state:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College:		City, state:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree:
Other:		City, state:		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree(s):

*** Please include a current curriculum vitae with your application.**

REFERENCES*	
Full name:	Relationship:
Institution:	Phone
Address:	Email:
Full name:	Relationship:
Institution:	Phone
Address:	Email:

*** Each of these individuals should be asked to supply a letter of support to be included with your application. Please ask them to email the letters to dukestarprogram@duke.edu.**

CURRENT AND/OR PREVIOUS EMPLOYMENT, IF APPLICABLE*	
Company:	Phone
Address:	Supervisor:
Job title:	
Responsibilities:	
Start & End Dates:	Reason for leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company:	Phone
Address:	Supervisor:
Job title:	
Responsibilities:	
Start & End Dates:	Reason for leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

*** Include additional pages as needed.**

VOLUNTEER EXPERIENCE, IF APPLICABLE*	
Organization	Phone
Address	Supervisor
Responsibilities	
Start & End Dates:	
May we contact this organization for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Organization	Phone
Address	Supervisor
Responsibilities	
Start & End Dates:	
May we contact this organization for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

*** Include additional pages as needed.**

Please provide an essay on the following topic: “What I want to be, and how I’m going to make it happen” (300–500 words).

APPLICATION CHECKLIST

Note: Items 1–3 below should be emailed from the applicant to dukestarprogram@duke.edu
Item 4 should be emailed by each letter writer to dukestarprogram@duke.edu.

1. ___ Completed application
2. ___ Current curriculum vitae
3. ___ Essay (300–500 word count)
4. ___ Two letters of support provided by non-relatives

Learn more about the program at:

<https://www.dcri.org/education/dukes-star-program/>