

Application Instructions for Cosloy Award

Application Process

On or before the deadline date of 5 PM Tuesday, October 31, 2006, the applicant must turn in a folder containing each of pages 1-8b to the mailbox of Dr. Karen Hubbard in J526, the Biology Office. The recipient of the award will be announced Friday, November 10, 2006.

Applications that are late, incomplete, or that do not conform to guidelines will not be considered. *NOTE: it is the applicant's responsibility to obtain the letters of recommendation and include them with the application (see 8, 9 below).* No part of the application may be submitted electronically. All parts of the application should be singlespaced with 1 inch margins and a 12 point font. Length restrictions should be observed.

Your application packet should include:

Page

- 1 Cover sheet summarizing your information on the page provided.
- 2 Copy of your transcript OR a signed statement from your academic advisor stating that you are a Biology major with a GPA of at least 3.0 (or equivalent, if the grading system changes).
- 3-5 Three-page description of the project on which you are working. Format: Introduction, including specific hypothesis tested; Methods; Results, including tables, graphs and/or pictures; Discussion; Conclusions.
- 6 Research plan for the upcoming semesters, including hypothesis to be tested (one page).
- 7 A paragraph describing your career goals and reasons for applying for a Cosloy Award
- 8a,b Two-part letter of recommendation from your mentor on the form provided. The letter should be sealed in an envelope and returned to you by your mentor, with his/her signature across the flap. You should include the letter in the folder with your application.
- 9a,b Two-part letter of recommendation from a faculty member of the CCNY Division of Science, chosen by you, on the form provided in this packet. This letter should be handled like the one from your mentor, above.

**Application Form for Cosloy Award
Cover Sheet**

Name:

GPA:

Mentor:

Date when you began research in your mentor's lab:

Title of project:

Abstract of project (100 words):

**MENTOR'S LETTER OF RECOMMENDATION FOR THE
THE SHARON D. COSLOY SCHOLARSHIP IN BIOLOGY**

To be filled out by the applicant

Applicant name: _____

Major _____ Mentor _____

Complete address, phone and e mail: _____

Research area _____

This letter of recommendation from _____

I do () do not () waive access to the contents of this letter

Applicant signature Date

To be filled out by the Mentor

This form and the accompanying letter should be collected by the applicant in a sealed envelope, signed by the mentor across the flap, and stapled to the application before it is turned in.

Name _____

Phone number and e mail _____

How long have you known the student and in what capacity _____

This part of the application will help the committee evaluate the applicant's research ability and potential. **On a separate page**, briefly describe the research project of the student defining the current role of the student in this project, progress to date, and projected progress over the next year. Include your candid assessment regarding the applicant's (1) research aptitude and motivation (2) understanding of the project (3) degree of effort and (4) independence and initiative demonstrated in thinking about research project, in performing experiments and in presentation of results. Where possible, give examples in support of your assessment. On a scale of 1-10 (1 being the lowest, 10 being the highest), please evaluate the applicant relative to the other students that you have trained.

(1) Research aptitude and motivation _____

(2) Understanding of the project _____

(3) Degree of effort _____

(4) Independence and initiative _____

(5) Overall assessment _____

Mentor's signature

Date

**SUPPLEMENTARY LETTER OF RECOMMENDATION FOR THE
THE SHARON D. COSLOY SCHOLARSHIP IN BIOLOGY**

To be filled out by the applicant

Applicant name: _____

Major _____ Mentor _____

Complete address, phone and e mail: _____

Research area _____

This letter of recommendation from _____

I do () do not () waive access to the contents of this letter

Applicant signature

Date

To be filled out by the Professor

This form and the accompanying letter should be collected by the applicant in a sealed envelope, signed by the professor across the flap, and stapled to the application before it is turned in

Name _____

Phone number and e mail _____

How long have you known the student and in what capacity _____

This part of the application will help the committee evaluate the applicant's research ability and potential. **On a separate page, please evaluate the student's classroom performance. If possible, comment specifically on the student's curiosity, initiative, verbal and written communication skills, and overall participation.**

The student's research mentor is writing a separate letter regarding research aptitude. If you can also evaluate this student's research abilities please add this to your evaluation.

Rank this student in overall class performance relative to all other students you have had in this course over the years.

_____ Top 1%

_____ Top 10%

_____ Top 25%

Professor's signature

Date