

AGE-ADAR Scholars Program
West Virginia University
2319B Life Sciences Building
age-adar@mail.wvu.edu

I. Applicant Information

Full Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Best Phone Number to Reach You: _____

Email: _____

WVU Student ID Number: _____

Are you a first-generation college student? Yes No

What is your current academic major? _____ Minors, if any: _____

What is your current Cumulative GPA? _____

What is your expected graduation date? _____

What is your classification? Freshman Sophomore Junior Senior

Gender(s): Male Female Non-binary Other _____

Citizenship: (Check one)

U.S. Citizen Permanent Resident (Please provide legal documentation) Other _____

Do you consider yourself to be Hispanic/Latinx? Yes No

With which of the following groups do you identify (check all that apply):

- Asian Native American/ Alaska Native Black/African American
 White/Caucasian Native Hawaiian/ Pacific Islander Bi- or Multi Racial (Specify) _____

II. Financial Information

Have you completed a Free Application for Student Aid (FASFA) for the current school year? Yes No

Are you a Pell Grant recipient? Yes No

Please attach a copy of your financial aid award letter (This can be printed from your WVU STAR account).

III. Statement of Purpose

Full Legal Name: _____

This Statement of Purpose is required of all applicants. Provide your personal insights as to why you should be selected for participation in this program and what you expect to gain from this experience.

If you have had prior research experience in a university setting, briefly describe what you accomplished and name the professor(s) with whom you worked. If accepted into the AGE-ADAR Scholars Program, do you have a faculty mentor who has agreed to work with you?

In addition, please identify the contributions that you wish to make to your chosen field of study as well as research on aging in Appalachia. You should address each of these topics in a statement not to exceed 1,000 typed words.

Signature: _____ Date: _____

IV. Resume

Please submit a resume along with this application if you have one. If not, provide your extracurricular activities, leadership roles, work experience, and other experiences in the space below.

V. Letters of Recommendation

A minimum of two letters of recommendation from individuals who are aware of your academic abilities and research potential is required of all applicants. **Remind each recommender to send the letter directly to the AGE-ADAR email address: age-adar@mail.wvu.edu.** Please list the names, titles, and phone numbers of those submitting letters of recommendation on your behalf:

Name	Title	Phone Number
------	-------	--------------

Name	Title	Phone Number
------	-------	--------------

Is there a professor in your proposed field of study whom you feel would agree to become a mentor for the AGE-ADAR research project? Yes No

If yes, please state the professor's name and department

Name	Department
------	------------

Please briefly describe how you learned about the AGE-ADAR Scholars Program.

I certify that the information provided herein is complete and accurate to the best of my knowledge and that any misrepresentation may be cause for refusing selection. I understand that if awarded this internship, I will adhere to and satisfy all conditions of the AGE-ADAR Scholars Program. Additionally, I give my permission to use my name and photos/videos for purposes that the University deems necessary in achieving the goals of this program.

Signature: _____ Date: _____

Nondiscrimination Statement. West Virginia University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, pregnancy, age, disability, or veteran status.

Please Return Completed Application and Unofficial Transcript(s) to the AGE-ADAR Scholars Program at: age-adar@mail.wvu.edu

Instructions for Letters of Recommendation

Before giving this page to your recommenders, students need to complete the top portion of this form to waive their rights to review the letters of recommendation. Students will need to repeat this process for each recommender.

This section is to be completed by the applicant.

Full Legal Name: _____

WVU Student ID Number: _____

(Optional) Waiver: I voluntarily waive all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974. (The alternative selected will not affect consideration of the application for admission.)

Signature _____ Date _____

This section is to be completed by the recommender and returned directly to the AGE-ADAR Scholars Program. Attach additional pages if needed.

Recommender's Name (please print): _____

Phone: _____ School/Other: _____

Position/Title: _____

Address: _____

Email: _____ Date: _____

In your letter of recommendation, please try to address the following questions.

1. How long have you known the applicant and in what capacity?
2. Briefly describe your observations of the applicant's motivation and/or commitment to academic and career goals?
3. What is your candid appraisal of the applicant's intellectual ability, aptitude for research potential, and quality of previous work?
4. Please discuss the knowledge and skills you believe this applicant needs to develop to ensure his/her success in this program?

Please email your letter of recommendation to: age-adar@mail.wvu.edu

Instructions for Emailing Forms:

1. Email all forms to age-adar@mail.wvu.edu
2. Subject Line:
 - a. If you are the **applicant**: Please see the example below:
 - i. **Example: Jane Doe, AGE-ADAR Scholars Program Completed Application Form**
 - b. If you are the **recommender**: Please see the example below:
 - i. **Example: LOR for AGE-ADAR Scholars Program for Jane Doe**
3. Attachments:
 - a. Please attach your completed application form/letter of recommendation as a PDF or Word document.
4. Body of Email:
 - a. Please include a brief description of who you are and your reason for emailing us.
5. You will receive a confirmation email letting you know we received your application form or letter of recommendation within 3-5 business days. If you do not hear from us, please send a follow-up email asking if we received your documents.

AGE-ADAR Team Members

Administrative Team

Betty Mei, Ed.D., Program Director

Selena Engebretson, Project Manager

Laura Bernstein, BA, Graduate Research Assistant

Instructional Team

Julie Hicks Patrick, Ph.D., Principal Investigator

Amy E. Fiske, Ph.D., Co-investigator

Kristina Hash, Ph.D., Co-investigator

Bernie Schreurs, Ph.D., Co-investigator

P.O. Box 6040
53 Campus Drive
2319B Life Sciences Building
Morgantown, WV 26506-6040