



**Chinese American Medical Society  
Medical and Dental Student Summer Research Fellowship 2010**

1. **Purpose:** To promote and support clinical and basic science research among Chinese American medical and dental students.
2. **Criteria:** Projects lasting 6 to 8 weeks can either be in the basic sciences or clinical research. A dentist or a physician must sponsor and supervise the project. Special consideration will be given to projects involving Chinese American health issues. At the completion of the project, a written report should be submitted. Applicant must be a current student in an accredited medical or dental school in the United States.
3. **Stipend:** Students will be paid a stipend of \$400 per week, for 8-10 weeks. Research support and expenses are the responsibility of the sponsor.
4. **Application process:**  
The applicant should submit the following:
  - CAMS Summer Research Fellowship Application.
  - Project description (include hypothesis, methodology.)
  - Personal Statement.
  - Curriculum Vitae (include education, employment.)
  - A letter from supervising investigator supporting the research project.
  - A letter from the Dean verifying good standing.



Chinese American Medical Society  
2010 Summer Research Fellowship Application

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Medical/Dental School: \_\_\_\_\_ Class of \_\_\_\_\_

School Address: \_\_\_\_\_

Undergraduate College: \_\_\_\_\_

Location of College: \_\_\_\_\_ Major: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree/Year: \_\_\_\_\_

Location of Grad. School: \_\_\_\_\_

Project Title: \_\_\_\_\_

Expected length of project: \_\_\_\_\_ Starting Time: \_\_\_\_\_

Supervising Investigator - Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Deadline of application: April 30, 2010**

Send application and supporting materials to:

**Jerry Huo, M.D., Chairman, CAMS Scholarship Committee,**

41 Elizabeth Street, Suite 403, New York, NY 10013

Please address all inquiries to Dr. Huo.