



CEDARS-SINAI MEDICAL CENTER
Division of Neurosurgery

The Pauletta and Denzel Washington Family Gifted Scholars Program in Neuroscience

Supported by the Division of Neurosurgery at Cedars-Sinai Medical Center

The Division of Neurosurgery at Cedars-Sinai Medical Center is committed to providing the most advanced, comprehensive, technologically sophisticated and clinically-effective diagnosis and treatment for adult and pediatric neurological disorders along with their strong commitment to provide educational programs for students, patients and their family members and healthcare providers is especially delighted to announce the availability of the Pauletta and Denzel Washington Family Gifted Scholars Program in Neuroscience.

The Pauletta and Denzel Washington Family Gifted Scholars Program in Neuroscience is supported by funds provided through individual and organizational donor funds and are available to undergraduate, graduate and medical students with an interest in science. The 2004 award will:

- Expose one undergraduate student and one graduate or medical student to the wide spectrum of high-quality, cutting-edge neurological research being performed at the Institute;
- Provide the undergraduate awardee with a \$2,000 monthly stipend and a graduate or medical student awardee with a \$2,500 monthly stipend during their summer fellowship while conducting research in the Institute's laboratory;
- Expose young investigators to the field of neuroscience and networking opportunities with scientists and healthcare providers;
- Facilitate the development of relationships between students, scientists and healthcare providers in the field of neuroscience, thereby contributing to the career development and professional success of the student as a neurological scientist, healthcare provider and/or biotechnology business professional;
- Cover the expenses associated with attending the award presentation ceremony, which includes economy, round-trip airfare and/or ground transportation, hotel accommodations and meals; and
- Cover expenses incurred by Awardees if a national neuroscience, cancer or neurosurgical meeting accepts their abstract or research paper for presentation. Allowable expenses include meeting registration fee, economy, round-trip airfare and/or ground transportation, hotel accommodations and meals.

QUALIFICATIONS

Eligibility

- Applicants must be undergraduate, graduate or medical student with an interest in furthering their education in the field of neuroscience.
- Only citizens or permanent residents of the United States may receive this award.
- Awardees must be able to conduct research in a laboratory directed by Dr. Keith Black at Cedars-Sinai Medical Center during the agreed upon timer period and must be able provide their own travel to and from Los Angeles and their own living accommodations during the research period.
- Awardees much be able to travel to Los Angeles, California, to receive their awards. The Division of Neurosurgery will provide support for travel expenses to attend the award ceremony.
- Previous awardees are eligible to apply in subsequent years.

Nomination

At least two letters of reference are encouraged and should comment on the applicant's academic and personal qualifications for this award. The letters should be addressed to the Pauletta and Denzel Washington Family Gifted Scholars Program in Neuroscience Selection Committee.

APPLICATION

Deadline

The application deadline is **January 9, 2007**

Required Application Materials

A complete application consists of seven copies (i.e., one original and **six** photocopies, collated into sets) of the following materials:

1. **Official Application Form** provided by the **Division of Neurosurgery**. Complete all information requested, even where responses are duplicative of other parts of the application. The Applicant **must** sign the original form.
2. A personal statement written by the Applicant (no longer than one, single-spaced page in length) that explains:
 - Applicant's long-range educational and research training goals, as well as career objectives in the field of neuroscience.
 - Description of Applicant's previous accomplishments in science.
 - What Applicant expects to derive from their experience working with researchers in the field of neuroscience.
3. At least two letters of reference are encouraged and should comment on the Applicant's academic and personal qualifications for this award. The letters of references should come from someone that knows the Applicant well as a lot of weight is placed on the information contained in each letter. Letters must be signed across the back of the sealed envelop by the signer of the letter. The Division of Neurosurgery at Cedars-Sinai will make copies of the letters.

Application Format

Application materials should be submitted in the order listed in the Application section. Applications must be clearly printed in blue or black ink or typed (type size should be no smaller than 12 points in a standard font with at least one inch margins on all sides). Additional pages may be used. Faxed applications are not acceptable.

SELECTION COMMITTEE

The Awardees will be selected on the basis of their completed application form, letters of reference, personal statement and potential benefit to the student. The Selection Committee consists of the following:

Keith L. Black, MD

Director, Maxine Dunitz Neurosurgical Institute
and Division of Neurosurgery,
Cedars-Sinai Medical Center

Benjamin Carson, MD

Director, Division of Pediatric Neurosurgery
Professor of Neurosurgery, Plastic Surgery,
Oncology and Pediatrics
Johns Hopkins Medical Center
Co-Director of the Johns Hopkins
Craniofacial Center

Maria G. Castro, PhD

Co-Director, Gene Therapeutics Research
Institute
Co-Director, Division of Molecular Medicine
Professor of Medicine,
David Geffen School of Medicine at UCLA

Allen Counter, MD

Director, Harvard Foundation,
Harvard University

James Gavin, MD

President,
Morehouse School of Medicine

Nelson M. Oyesiku, M.D., Ph.D.

Associate Professor of Neurological
Surgery,
Director of Laboratory of Molecular
Neurosurgery & Biotechnology,
Emory University School of Medicine

Audrey S. Penn, MD

Deputy Director,
National Institute of Neurological Disorders and
Stroke,
National Institutes of Health

All candidates will receive notification of the final selection from the Pauletta and Denzel Washington Family Gifted Scholars Program in Neuroscience Selection Committee no later than March 15, 2007.

AWARD CONDITIONS AND REPORTING

- The Awardees are required to conduct research in the Institute's research laboratory during the summer.
- At the end of their summer fellowship, Awardees are expected to submit a research paper or abstract to a national neuroscience, cancer or neurosurgery meeting. If their paper or abstract is accepted, the Institute will cover travel expenses incurred to present their work at the national meeting.
- Awardees must be able to travel to Los Angeles, California, to attend the award ceremony and receive their award. In addition to the award ceremony, Awardees must attend all special events organized for them.
- According to IRS regulations, the award is subject to federal income tax. A 1099 misc. tax or W-2 form will be issued to all awardees at year-end for the amount of award.



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Official Application Form

APPLICANT NAME _____
(Last) (First) (MI)

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS

Street _____

City _____ State _____ Zip Code _____

TELEPHONE NO. _____; FAX NO. _____
(area code and number) (area code and number)

CELL PHONE NO. _____ E-MAIL ADDRESS _____
(area code and number)

PERMANENT ADDRESS

Street _____

City _____ State _____ Zip Code _____

TELEPHONE NO. _____; FAX NO. _____
(area code and number) (area code and number)

CITIZENSHIP (please check only one)

- U.S. Citizen Permanent Resident of U.S.

(Note: Only citizens or permanent residents of the U.S. are eligible for this award.)

GENDER Male Female

DATE OF BIRTH _____ PLACE OF BIRTH _____
(Month/Day/Year)

LEVEL OF EDUCATION

Undergraduate; Year in School _____

Graduate; Year in School _____

Medical Student; Year in School _____

SCHOOLS ATTENDED (*List in order of most recent attendance to secondary*)

Name of School City and State Degree Received/Major Dates of Attendance

Describe the basis of your interest in participating in this fellowship program.

Describe your research experience in the field of science including name of institution and dates.

Applicant's Name _____

Enclose at least two letters of references commenting on the Applicant's academic and personal qualifications for this award. The letters of references should come from someone that knows the Applicant well as a lot of weight is placed on the information contained in each letter.

Reference 1

Name _____
Title _____
Institution _____
Address _____
Telephone No. _____
Fax No. _____
Email _____
Website/URL Address _____

Reference 2

Name _____
Title _____
Institution _____
Address _____
Telephone No. _____
Fax No. _____
Email _____
Website/URL Address _____

Reference 3

Name _____
Title _____
Institution _____
Address _____
Telephone No. _____
Fax No. _____
Email _____
Website/URL Address _____

Reference 4

Name _____
Title _____
Institution _____
Address _____
Telephone No. _____
Fax No. _____
Email _____
Website/URL Address _____

How did you learn about the availability of this Fellowship Award?

- MDNSI Website Applicant's Educational Institution Friend
 Poster Display Website, specify _____ Other _____

ASSURANCE AND SIGNATURE OF APPLICANT:

If awarded, I agree to accept this award, conduct research under the direction of Keith L. Black, MD, at Cedars-Sinai Medical Center during the summer months, submit an abstract or research paper to a national neuroscience, cancer or neurosurgery meeting, attend the Pauletta and Denzel Washington Family Gifted Scholars Program in Neuroscience Ceremony and fully participate in the program for recipient of award. This includes but is not restricted to participation in all planned events for recipient of the award. I also certify that I am a citizen or permanent resident of the United States. If I fail to fulfill any of the requirements of the grant, I acknowledge that I will forfeit this award.

Applicant's Signature

Date

Applicant's Name _____



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Application Checklist:

Please use the following checklist to ensure all required materials for application are submitted.

- 1. The Official Application Form (one original signed by the applicant and six copies).
- 2. Personal Statement by the applicant.
- 3. Letters of reference.

Application Deadline

January 9, 2007

Please send completed application to:

The Pauletta and Denzel Washington Family Gifted
Scholars Program in Neuroscience
c/o Felicia Mayes
8631 W. Third Street, Suite 800E
Los Angeles, CA 90048
Telephone: (310) 423-0825 – Fax: (310) 423-1008
Email: Mayesf@cshs.org