



**2025 Summer Fellowship Program Application**

**Irene & Eric Simon Brain Research Foundation 973 726-6218 www.iesBrainResearch.org**

**Mail to: IES Brain Research Foundation (NO EMAIL OR FAX applications accepted)**

**5 Hickory Trail Sparta, NJ 07871**

**\*\*The student applicant is responsible to mail ALL materials in one packet that are required from BOTH the student and the Faculty Sponsor. Must be received by March 20<sup>th</sup>.**

**PLEASE PRINT CLEARLY OR TYPE ALL in black ink!**

**\*\*\*Incomplete, difficult to read, or illegible applications will NOT be considered.**

Name of Student Applicant: \_\_\_\_\_

University \_\_\_\_\_ Current Level \_\_\_\_\_ (Undergrad Fresh, Soph, Jr., Sr. or G1, M1)

Mailing Address through May 15th: \_\_\_\_\_

Mailing address May 15<sup>th</sup>-Sept. 1st: \_\_\_\_\_

Mailing address after Sept 1st: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ or \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

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

Disease working on \_\_\_\_\_ Neuroscience area \_\_\_\_\_

Start & Finish Dates: \_\_\_\_\_ How learned of IESBRF Fellowship \_\_\_\_\_

Faculty Sponsor's Name & Title: \_\_\_\_\_

Position: \_\_\_\_\_ Research Area: \_\_\_\_\_

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

Institution & Department \_\_\_\_\_

Faculty Sponsor Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**To be eligible for consideration, student must mail: 4 complete, collated packets of all student plus faculty sponsor requirements. It all must be mailed together in 1 package and received by March 20<sup>th</sup>**

**EACH COLLATED PACKET MUST INCLUDE in the following order: (NO STAPLES; only paper clips)**

**\*\*\* Incomplete or illegible applications will NOT be considered.**

**From Student**

1. Legible application completely filled out (Typed or legibly printed black ink)
2. 1-page personal statement of education & career goals, how the proposed summer research will advance both, and how your project will benefit others.
3. A resume, including summary of undergraduate (& graduate, if applicable) courses & grades (official transcript **not** necessary) and description of research experience (if any).
4. **Indicate any other sources & amounts of financial support applied for or available to you.**
5. Names, emails & **contact info for newspapers**: local to: where you grew up, are living, went to high school & college, plus any college newspapers, etc. (if receive award, may submit)
6. Filled out teacher recognition form, indicating the person (schoolteacher or college professor who was the FIRST to motivate you or inspire your interest in (learning about the brain)

**From Faculty Sponsor: (to be included in student applicant packet in the following order)**

7. A **short NIH type CV** with selected publications
8. A **statement on letterhead** describing the student applicant's qualifications for the Summer Research Fellowship
9. Description of the training that the student fellow will receive.
10. Indicate how the research in his/her laboratory is funded.



**“Brain Research- A Bright Idea”**  
**Irene & Eric Simon Brain Research Foundation**  
5 Hickory Trail Sparta, New Jersey 07871  
973 726-6218 www.iesbrainresearch.org

**2025 High School Teacher, College Professor or other person  
who first inspired my interest in Neuroscience (learning about the brain)**

Name of Teacher/Professor: \_\_\_\_\_

School or College (plus grade level) \_\_\_\_\_

Class(es) taught \_\_\_\_\_

Teacher/Professor Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

How did this teacher motivate or interest you in neuroscience and/or learning about the brain? Why do you think this person is deserving of recognition?

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**Please attach a typed paper if you need more space.**

Name of student applicant: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

How (and when) do you know the teacher nominated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Include a copy of the application and teacher recognition form in each of your 4 packets.  
Mail the 4 packets to the above address. Must be received by March 20, 2025.