**Guidelines**

**DO NOT INCLUDE the guideline sheets with your application!**

**The Program**

The 2025 MSTAR Program at Johns Hopkins University School of Medicine provides medical students with an enriching experience in aging-related research and geriatrics, with the mentorship of top experts in the field. This program introduces students to research and academic experiences early in their training that they might not otherwise have during medical school. Positive experiences in the MSTAR program have led many physicians-in-training to pursue academic careers in aging, ranging from basic science to clinical research to health services research.

Students participate in an on-site **60 continuous days (starting on or after June 2, 2025)** structured research, clinical, and didactic program in geriatrics, appropriate to their level of training and interests. Research projects are offered in basic, translational, clinical, education, or health services research relevant to older people. The program directors at Johns Hopkins will work closely with accepted students to identify an appropriate research project and mentor at JHU if they do not already have one.

**Program Structure**

Please note that applicants must have a faculty sponsor/mentor from their home institution who is willing to facilitate and support the student’s work to apply.

The stipend level is approximately $2,352.00 per month in the program to cover travel, housing and living expenses associated with this experience.

**Students are committed to completing the required 60 continuous days on the campus of Johns Hopkins University School of Medicine.**

**Eligibility**

Any allopathic or osteopathic medical student in good standing, who will have successfully completed one year of medical school at a U.S. institution by June 2025. Evidence of good standing must be provided by the medical school registrar or dean when the student is notified of receiving the award.

Applicants must be citizens or non-citizen nationals of the United States, or must have been lawfully admitted for permanent residence (i.e., in possession of a currently valid Alien Registration Receipt Card I-551, or some other legal verification of such status.) Individuals on temporary or student visas are not eligible.

Due to NIA restrictions, individuals holding PhD, MD, DVM, or equivalent doctoral degrees in the health sciences are not eligible to apply to the MSTAR Program.

The NIA and other sponsoring organizations have a strong interest in continuing to diversify the research workforce committed to advancing the fields of aging and geriatrics research. Therefore, students who are members of ethnic or racial groups underrepresented in these fields, students with disabilities, or students whose background and experience are likely to diversify the research or medical questions being addressed, are strongly encouraged to apply.

Additionally, applicants receiving a stipend or salary support from a federal source are not eligible for this program. Applicants may not hold another award or participate in another program concurrently with the MSTAR program, and must participate in the program full-time for a minimum of **60 continuous days.**

**Application Procedures**

The deadline for applications is **January 10, 2025 at 11:59 PM EST.**

At Johns Hopkins University School of Medicine, we offer excellent facilities, diverse research programs and provide the opportunity to interact with other students participating in the program.

The application must be completed by the student applying for the scholarship. The application consists of background information and a personal statement, as well as supporting documents from the appropriate faculty mentors.

**Application Guidelines**

Scholars will be chosen on the basis of their academic excellence, interest in geriatrics, and potential for success.

**Reporting Requirements**

Reporting requirements for students participating in the MSTAR Program on the National Training Centers Track will be determined by the Johns Hopkins University School of Medicine training site.

All students will be invited to submit an abstract to present a poster of their research project at the 2026 Virtual American Geriatrics Society (AGS) Annual Meeting, to be held May 7-9, 2026. Students may choose to present their research at other national meetings as relevant.

**Instructions**

**DO NOT INCLUDE this instruction sheet with your application!**

This application is exclusive to the MSTAR program at the National Training Center at Johns Hopkins University School of Medicine. This site only accepts applications for Johns Hopkins University School of Medicine.

Please contact JHU SOM MSTAR training center program coordinator if you have questions regarding the program, prior to submitting your application. Links to the JHU SOM MSTAR website and contact information can be found [here](https://www.hopkinsmedicine.org/geriatric_medicine_gerontology/education_training/medical_students/mstar/).

The application is divided into three segments, see below:

1. **Application Form**
2. **Home Institution Faculty Sponsor Form**
3. **Faculty Sponsor NIH-style Biosketch Form**

The application must be submitted by email to Lindia Holmes lholme10@jhmi.edu, no later **than January 10, 2025, at 11:59 p.m., EST. The completed application should be sent as a single PDF file, not to exceed 5 MB, and must include the application form, home institution faculty sponsor form and faculty NIH-style biosketch form. Incomplete applications will not be reviewed.** The file may not include any additional documents; please submit **only** the required materials. Late submissions or submissions that do not adhere to the instructions will NOTbe accepted.

The application file should be named as follows: “Last name, First name”; for example, “Smith, John.doc”.

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| --- | --- |
| Name of applicant:Preferred first name (optional):Applicant’s home institution:       | Gender:  Date of birth (MM-DD-YY):MD expected in (enter year):Race/ethnicity (optional): |
| Current Address, Telephone, and Email Address of Applicant: | Permanent Address, Telephone, and Email, if different from current: |
| **Home Institution Faculty Sponsor(s)** Name, Title, Institution, Complete Mailing Address, Telephone, and Email: | **Johns Hopkins Research Mentor(s) (If already chosen)** Name, Title, Institution, Complete Mailing Address, Telephone, and Email:   |

SECTION 1: EDUCATIONAL HISTORY

Please account for your career since high school. If your entire career cannot be addressed in this section (for example, if you decided to take a year off after graduation from undergraduate school), please mention this in your personal statement.

**Current Medical School:**

Institution:

Month/Year started:

GPA, if known:       MCAT Score:

**Previous graduate or professional schools:**

Please begin with the most recent and list the dates as MM/YY to MM/YY.

Institution #1:       Degree:

Dates attended:       Major:       GPA:

Institution #2:       Degree:

Dates attended:       Major:       GPA:

Institution #3:       Degree:

Dates attended:       Major:       GPA:

**Undergraduate schools attended (begin with most recent):**

Institution #1:       Degree:

Dates attended:       Major:       GPA:

Institution #2:       Degree:

Dates attended:       Major:       GPA:

Institution #3:       Degree:

Dates attended:       Major:       GPA:

**Honors and Awards in Undergraduate/Graduate Schools**

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**Extracurricular, community, and avocation activities**

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**Courses or other experiences in geriatrics/gerontology**

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**Research experience (aging-related and/or non-aging related)**

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SECTION 2: PERSONAL STATEMENT & RESEARCH INTERESTS

**PERSONAL STATEMENT**

Please describe your past experience, expectations for the program, future goals, and other important information you would like to convey to the review committee. The personal statement should address your interest in geriatrics or aging research, discuss how this interest is related to the above listed honors, activities and courses, and explain why you are interested in this program in particular. This portion of the application is weighted heavily by the review committee. Please be succinct, but provide enough detail to describe your interest (**maximum of 750 words**).

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SECTION 3: TRAINING CENTER

If you have particular types of research or subject areas you know you would like to pursue research in, please describe them here. If you do not, please note that you are flexible in this area. Examples of types of research might include basic, clinical, health services, medical education etc.

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Please indicate in preferred order, the National Training Centers you are submitting an application to.

**First choice:** none

**Second choice:** none

**Third choice:** none

SECTION 4: AGREEMENTS

Please list the earliest starting date starting **June 2, 2025**, you can start the MSTAR program, and the latest date you can complete the program:

Do you anticipate any particular scheduling needs during the summer? Please describe:

Are you a former recipient of this award?

[ ]  Yes

[ ]  No

How did you hear about this scholarship program?

**Please enter your initials for each statement to indicate your understanding and agreement.**

I affirm that I will have completed at least one year of study at a school of medicine or osteopathy prior to June 2025.

Initials:

I affirm that I am a citizen, non-citizen national, or permanent resident alien of the United States.

Initials:

I understand that my application will not be considered complete until it includes a Home Institution Faculty Sponsor plan and the NIH-style biographical sketch of the Home Institution Faculty Sponsor.

Initials:

I agree to commit a minimum of 60 continuous days(or 2 months, as appropriate) to the Program, 320 work hours.

 Initials:

I understand that all of the information that I have provided will be verified as a normal part of

the application process and that any application which contains falsehoods will be immediately

disqualified, and my institution notified of the irregularities.

Initials:

I certify that, to the best of my knowledge and belief, all of my statements made in this application and to persons who contact me about this application, are true and made in good faith.

Initials:

**Home Institution Faculty Sponsor**

Thank you for agreeing to serve as a Home Institution Faculty Sponsor (HIFS) for a 2025 MSTAR applicant. This form will allow Johns Hopkins University School of Medicine to learn more about your relationship with the applicant, and how you plan to help further the applicant’s career in aging research and geriatrics**.**

**If you are the Home Institution Faculty Sponsor for more than one student,** **this form should be personalized for each applicant.** Please email the completed form in PDF format directly to the applicant so he/she/they can include it with his/her/their application by the **January 10, 2025 deadline**.

***Part 1***

**Name:**

**Title:**

**Institution:**

**Email Address:**

**Phone:**

**Applicant’s Name:**

***Part 2***

**Mentoring Plan (Use as much space as needed for each section.)**

1. Please describe your relationship to the applicant and reasons for recommending him/her/them for participation in this program. Include any demonstrated interest that the applicant has shown in geriatrics and/or aging research and why you feel he/she/they would be a good candidate for the MSTAR program.
2. Please provide a brief description of the Home Institution resources and facilities which will be available to the applicant.
3. Please describe current and future plans to encourage and expand the applicant’s interest in aging research after the end of the project period.

***Part 3:*** Please attach a recent version of your NIH-style biosketch.