## Duke Clinical & Translational Science Institute BIGGER Application

BIGGER: The Bridging the Gap to Enhance Clinical Research Program ApplicationPlease take the time to read each question. If you have any questions, feel free to contact Molly Matlock (molly.matlock@duke.edu).

## Welcome to Duke's BIGGER: The Bridging the Gap to Enhance Clinical Research Program application. Please take the time to read each question. You can only participate if you will have graduated from an undergraduate program by June of this year. If you have any questions, feel free to contact Molly Matlock at molly.matlock@duke.edu.

How did you hear about the BIGGER Program?

Program Year	<ul> <li>○ 2023</li> <li>○ 2024</li> <li>○ 2025</li> <li>○ 2026</li> </ul>
First Name	
Middle Name	
Last Name	
Local Address Information	
Street Address	
Apt/Unit	
City	



State

O AL O AK  $\bigcirc$  AZ  $\bigcirc$  AR  $\bigcirc$  CA  $\bigcirc$  CO  $\bigcirc$  CT  $\bigcirc$  DE  $\bigcirc$  FL ⊖ GA ŎН O ID O IL O IN O IA о́ КS ⊖ KY Ŏ LA ○ ME Ŏ MD О́ МА MI MN MO MMS MO NE NE NH NJ NM O NY O NC O OH О ОК 

## Zip Code

Country

 $\bigcirc$  United States  $\bigcirc$  Other

Please enter your country



Preferred Phone Number	
Preferred Email	
Secondary Email	
Age as of this coming June:	
Ethnicity (Participation in this program is not restricted by race or ethnicity; the NIH requires that we ask for this information)	<ul> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>
Race (Participation in this program is not restricted by race or ethnicity; the NIH requires that we ask for this information)	<ul> <li>White</li> <li>Black or African American</li> <li>Asian</li> <li>Native American or Alaska Native</li> <li>Native Hawaiian or Pacific Islander</li> <li>More than one race</li> <li>Unknown or Not Reported</li> </ul>
Specify Multiple Races	
To which gender identity do you most identify?	<ul> <li>Female</li> <li>Gender Variant/Non-Conforming</li> <li>Male</li> <li>Transgender Female</li> <li>Transgender Male</li> <li>Not Listed</li> <li>Prefer Not to Answer</li> </ul>
Please Specify Gender Identity	
Have you worked for Duke University/Health System:	⊖ Yes ⊖ No
Please describe prior work with Duke University/Health System (paid or unpaid internship, part-time work and department, paid lab work):	
As the NIH limits participation in this program to U.S. citizens, please indicate your citizenship status below:	<ul> <li>Yes, I am a U.S. citizen</li> <li>No, I am not a U.S. citizen</li> </ul>
Graduating College Name and any Applicable Undergraduate Education: You must have graduated by June 2022. PLEASE UPLOAD YOUR UG TRANSCRIPT - Upload PDF	



## University Name

Broward
ECU
Hunter College
NC A&T State Univ.
NCCU
NCSU
Rush Univ.
Shaw Univ.
UNC-Chapel Hill
UNC-Greensboro
Winston-Salem State Univ.
Other

University Name Other

GPA

Major/Minor:

2nd Graduating College Name and any Applicable Undergraduate Education: Only if applicable. PLEASE UPLOAD YOUR UG TRANSCRIPT in PDF

University Name 2:

Broward
ECU
Hunter College
NC A&T State Univ.
NCCU
NCSU
Rush Univ.
Shaw Univ.
UNC-Chapel Hill
UNC-Greensboro
Winston-Salem State Univ.
Other

University Name 2 Other

2nd UG GPA from 2nd school if listed above. Only if applicable.

2nd Major/Minor from 2nd UG School if listed above. Only if applicable

Please describe extracurricular activities (academic teams and clubs, the arts, student associations):



⊖ Yes ⊖ No

Internship/Volunteer Organization Experience(s): Please upload a document that has the following information for each of your internship/volunteer organization(s) experiences. More than one can be on a sheet of paper. Upload in PDF

Start/End Dates: Organization Name: Organization Full Address: Supervisor's Name: Supervisor's Phone Number: Responsibilities: May we contact this organization for a reference? Yes or No

Current and/or Previous Employment, If applicable (Please upload your resume): Please be sure it contains the following information: Upload in PDF

Start/End Dates: Company/Org Name: Your Title: Address: Supervisor Name & Phone Number: Responsibilities: Reason for Leaving:, Do we have Permission to Contact you Previous Supervisor for a Reference?

Please upload a pdf file of both letters of recommendation. Upload in PDF

Name and Credentials (i.e. PhD, MD) for Letter of Reference 1

Name and Credentials (i.e. PhD, MD) for Letter of Reference 2

ESSAY (300 - 500 words): We greatly appreciate your interest in the BIGGER training program. Please provide an essay highlighting your academic career and future plans. Upload in PDF

1) We would like to know about your major: the reason you chose that particular area of study, your success in your major classes and interactions with professors;

2) Extra-curricular activities and how those

activities have added to your University experience; and

3) What do you hope to gain from the BIGGER program? How might this program fit into your 5 year plan?

