

Personal Details

Please enter your Name

First and Last Name

Please enter your preferred mailing address.

Street Address

Apartment/Suite (enter N/ A if not applicable)

City

State

Zip/Postal Code

Please enter your primary phone number, please include country code if outside of the United States.

Phone

Please enter your primary email address.

Email

Please enter your date of birth.

Enter using the format MM/DD/YYYY

Demographic Block

PERSONAL INFORMATION (OPTIONAL - This information is not shared with the selection committee or application reviewers)

What best describes your current gender identity?
(optional)

Man

Woman

Non-binary, intersex, gender fluid person

I prefer not to answer

What are your preferred pronouns? (OPTIONAL - This information is not shared with the selection committee or application reviewers.)

She/Her/Hers

He/Him/His

They/Them/Theirs

Another pronoun not listed (please specify)

How do you self-identify? Please select all that apply. (OPTIONAL - This information is not shared with the selection committee or application reviewers.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, or of Spanish Origin
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Another identity not listed, please specify:

Please list the languages that you speak, including English. (OPTIONAL - This information is not shared with the selection committee or application reviewers.)

Language 1

Language 2

Language 3

Language 4

Language 5

Language 6

Language 7

You have entered a language. Please rate your proficiency and use in your childhood home as described below and select all that apply.

- ☐ First language
- ☐ Speak
- ☐ Read
- ☐ Spoken at home

Please indicate the highest education level attained by your parents/guardians. (optional)

Parent/ Guardian I

- ☐ Some high school
- ☐ Complete high school/ GED
- ☐ Some college
- ☐ Completed college
- ☐ Some graduate/ professional school
- ☐ Completed graduate/ professional school
- ☐ Other (please specify)

Parent/Guardian 2

- ☐ Some high school
- ☐ Complete high school/ GED
- ☐ Some college
- ☐ Completed college
- ☐ Some graduate/ professional school
- ☐ Completed graduate/ professional school
- ☐ Other (please specify)

Have you ever been discouraged from pursuing any of the following?

College level studies

- ☐ Yes
- ☐ No
- ☐ Do not know

Advanced (graduate/ professional) level studies

- ☐ Yes
- ☐ No
- ☐ Do not know

Career in Science or Engineering

- ☐ Yes
- ☐ No
- ☐ Do not know

Career in general

- ☐ Yes
- ☐ No
- ☐ Do not know

Academic Information

Current Academic Level

- ☐ High School Student
- ☐ Community College Student
- ☐ College Student
- ☐ Post-baccalaureate
- ☐ Master's Candidate
- ☐ PharmD Candidate
- ☐ DrPH Candidate
- ☐ DMD Candidate
- ☐ DDS Candidate
- ☐ MD Candidate
- ☐ DO Candidate
- ☐ PhD Candidate
- ☐ MD/PhD Candidate
- ☐ Postdoctoral Fellow (Research and Clinical)
- ☐ Another academic status not listed, please specify:

You have selected Postdoctoral Fellow (Research and Clinical). Please select the doctoral degree (s) obtained, select all that apply.

- ☐ MD
- ☐ DO
- ☐ PhD
- ☐ DrPH
- ☐ DMD
- ☐ DDS
- ☐ PharmD
- ☐ DVM
- ☐ Another degree not listed (please specify)

You have selected Post-baccalaureate, please specify:

Name of Institution where College
Degree was obtained

College Graduation Year

You have selected High School Student for your current academic status. As we require all applicants to have obtained their High School Diploma or GED at the time of application, you will not be able to move forward at this time.

Please reach out to the New England Science Symposium Team for questions or more information on programs by email, NESS_OCCE@hms.harvard.edu

Current Institution, please write full names of institution and avoid acronyms/ abbreviations.

Name of Institution

City

US State/Country

Major/ Field of Study

Degree (s) Expected

Expected Year of Graduation/Program Completion (Month and Year, estimate is accepted)

Research Details

Do you have approval from Supervising Investigator, PI and Co-authors to submit this research to the New England Science Symposium?

0 Yes

0 No

Please confirm PI approval here.

PI Name

Date of Approval

Please reach out to your PI and co-authors to review your abstract and approve for submission. This step is required prior to completing the application.

If you have questions, please reach out to the New England Science Symposium Team at NESS@hms.harvard.edu.

At NESS we value your experience as students and/or fellows, please use this space to briefly describe your role in performing the research and/or analysis.

Co-Authors

In this section you will enter details related to your co- authors.

For the co-authors section, you will be asked to enter the name, credentials, and primary affiliation for each co- author associated with your research. You will be required to enter at least 1 person in this section to move forward.

Please be sure that the authors are ordered correctly as you enter them as they will be printed exactly as entered. It is best practice to ensure that all co-authors are aware and approve the submission of research for presentation, please be sure to have completed this step prior to submitting the application to NESS.

You will also be able to identify the lead author(s) and any co-presenters in this section. For co-presenters, you must email their contact information to the NESS team at NESS_OCCE@hms.harvard.edu

A maximum of four presenters per abstract is allowed, including yourself. If your abstract is accepted for an oral presentation, only the applicant will present at the podium and participate in the Q&A; co-presenters must remain in the audience.

We highly recommend that you have all this information ready before completing this section. This section is required for a complete and eligible application.

How many co-authors do you have?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15

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	Name and Credentials		Affiliation/ Institution			
	Full Name	Degree(s)	Institution Name	Institution City	US State/ Country	Lead Author
Co-Author						<input type="checkbox"/>
Co-Author 2						<input type="checkbox"/>
Co-Author 3						<input type="checkbox"/>
Co-Author 4						<input type="checkbox"/>
Co-Author 5						<input type="checkbox"/>
Co-Author 6						<input type="checkbox"/>
Co-Author 7						<input type="checkbox"/>
Co-Author 8						<input type="checkbox"/>
Co-Author 9						<input type="checkbox"/>
Co-Author						<input type="checkbox"/>

10						
Co-Author						<input type="checkbox"/>
11						
Co-Author						<input type="checkbox"/>
12						
Co-Author						<input type="checkbox"/>
13						
Co-Author						<input type="checkbox"/>
14						
Co-Author						<input type="checkbox"/>
15						

Abstract

Abstract

In this section, you will need to provide details about your research, including the project title, abstract, and funding information.

Please note your abstract should be no more than 500 words and you will be asked to enter atleast one co-author associated with your research (PI's name is

acceptable) .

If you would like assistance preparing your abstract, please consult the [NESS AP-P-licant Resourcesand Guidelines](https://occe.hms.harvard.edu/paths-community/ness/applicant-resourcesguidelines) (https: / / occe.hms.harvard.edu/ paths-community / ness/ applicant-resourcesguidelines) which include an instructional video.

For the funding information, you will be asked to provide the name of the grant or other funding source, the grant number (if applicable), and any legally required disclosures or statements, such as federal or military grant acknowledgments.If you do not have a funding source to report, you must include a written confirmation that no funding applies.

This section must be completed; answers that includes "In Progress," "Not yet available," or "N/ A" will not be considered complete.

Please enter the title of your abstract.

Example: An Extracellular Matrix-based Mechanism of Rapid Neutrophil Extracellular Trap Formation in Response to C. albicans

Please enter the institution where you conducted this research.

Institution Name

Institution City

Institution State

Does this research have funding?

☐ Yes

☐ No

You have indicated that there is no funding source to report for this study. Please provide a brief statement to confirm that there is no funding for this research.

Example: "I, Name, confirm that there is no reportable funding source for this research."

Funding Source Information

Name of grant (s) or other source (s)
of funding, please include grant
numbers if applicable:

Please include any disclosure
language that should accompany the
funding source information

Please select the primary category into which your
research falls.

- ☐ Public Health, Epidemiology, Biostatistics
- ☐ Microbiology, Immunology, Genetics, Molecular Biology
- ☐ Cellular Biology, Neuroscience, Biochemistry, Physiology
- ☐ Bioinformatics, Physics, Chemistry, Engineering
- ☐ Clinical or Social Sciences

If your research falls into any the following secondary categories, please identify which one (s). Select all that apply.

- ☐ Cancer-related Research
- ☐ Neonatology Research
- ☐ Translational Research
- ☐ Stem Cell Research
- ☐ Health Equity Focused Research
- ☐ Not Applicable/ These categories do not apply to my research

Statement of the Problem/Background

Research Question/ Hypothesis

Research Design/Methods Used in the Investigation

Results/ Summary of the Investigation

Interpretation/Conclusion of the Investigation

Previous Participation

Have you previously participated in the New England Science Symposium?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

Have you previously participated in any of the following programs?

- ☐ BSCP Conference
- ☐ Skills Workshops
- ☐ Project Success
- ☐ Hinton Scholars
- ☐ Visiting Research Internship Program (VRIP)
- ☐ None of the Above

Signature

Are you at least 18 years of age?

- ☐ Yes
- ☐ No

Please read and sign below

By signing this application, I (or my parent or guardian on my behalf) hereby:

A) acknowledge (s) and understand (s) that Harvard Medical School (HMS) Office for Diversity Inclusion and Community Partnership, and the Biomedical Science Careers Program (BSCP) will retain the information in this application for their records , and that this information about the applicant, including identifying information, will be used to track students/fellows through their academic and professional careers, and for future promotional and other communications, such as newsletters;

(B) consent(s) to photographic, audio, video, or electronic images of the applicant to be used by HMS and BSCP for exhibition, public display, publication, news media story, video, audio, or other electronic media, such as the Internet, social media, television, CD-ROM, or DVD;

(C) release (s) HMS and BSCP, including each of their directors, officers, employees and agents, waive(s) all known and unknown claims against any of them, and agree(s) not to sue any of them on account of or in conjunction with any claims, causes of action, injuries,

damage, cost of expenses arising out of the applicant's participation in the Symposium, whether or not caused by the acts, omissions or other fault of the parties being released; and

(o) acknowledge(s) and represent(s) that he or she has carefully reviewed this application, including the foregoing acknowledgement, consent, release, waiver and agreement not to sue and understand (s) what each of them mean, and that my/their signature below indicates that delivery of this application to HMS/BSCP is my/their free act and deed.

Signature (your initials)

Today's Date

Please provide the following additional signatures if applicant is less than 18 years of age.

Parent/ Caregiver's Name

Parent/ Caregiver's Signature (initials)