

# BRAIN Program 2010 Application Form

Please check the name shown below; is this you?

**Not you? Click here!**

Please enter the requested information on each tabbed section.

Instructions Contact Identity Schools Qualifications Courses Research Essays Extra Declarations

## Welcome to the BRAIN Program Application!

**Change your password.** Please click the "Need a Break" button (it is at the bottom of every page; scroll down to find it), then log in again with your assigned password. Click the "Change My CBN Password" link, and follow the instructions. Log in again using your new password. Do not give your username and password to anyone, at any time, for any reason.

**Please don't skip sections:** Click the tabs across the top of the application or click "Next" at the bottom of each page. It's a good idea to preview the entire application before you begin. To go back to a previous page, click a tab, don't use your browser's back button.

**Your responses are saved as you enter them.** To exit the application, click on the "Need a Break" button. You will be logged out, but your responses will be saved and you may log in again later,

**Finishing:** When you are finished, click on the "Ready to Submit?" button. You may log in again later to change your responses, up until the deadline.

**Helpful tips:** Instructions and tips are printed in green. Data entry and selection fields are in white boxes. Action Buttons are in colors. (scroll down to reveal them)

**Need Help?** email Rob Poh at [rpoh@gsu.edu](mailto:rpoh@gsu.edu)

SCROLL DOWN FOR BUTTONS BELOW

You can go forward by clicking the Next Button or by selecting a tab at the top.

Next

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Email  Please check your email address for accuracy; correct if necessary.

Add a Phone

Please enter your phone numbers and for each, select its type. To begin, click the Add a Phone Button.

## Phone Numbers

Work  Home  School  Mobile  Fax  Other

Delete This Record

If a scroll bar appears at the right side of this box, you may scroll down to see additional records in this section.

Add an Address

Please enter your Mailing and Permanent Address(es). To begin, click the Add an Address Button.

## Addresses

Street Address Line 1   
Street Address Line 2   
City  State  ZIP  Plus 4   
Country   
Address Status  Mailing Address  Permanent Address

Delete This Record

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Date of Birth  Please enter your date of birth in MM/DD/YYYY format

Sex  Female  Male Please indicate your sex.

Race/Ethnicity  African-Descent/African-American  
 Asian-Descent/Asian-American  
 Caucasian  
 Hispanic/Latino/Latina  
 Native-American/Pacific-Islander  
 Other  
 Do not wish to provide  
Please indicate your race/ethnicity.

ONLY IF you selected Hispanic/Latino/Latina, above, please indicate below whether you regard yourself as Hispanic/Latino/Latina and Black or Hispanic/Latino/Latina and White. If you selected any other Race/Ethnicity, leave this blank.

Hispanic Sub-Category  Black  White

Other Race/Ethnicity If you selected Other, please explain. If you selected any other Race/Ethnicity, leave this blank.

Citizenship  Non-citizen  Permanent Resident  U.S. Citizen Please indicate your citizenship status.

Disability  Yes  No Are you disabled, defined by the Americans with Disabilities Act (ADA) as any individual who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment?

The BRAIN program requires a good deal of sensory and motor activity every day, but we make effort to accommodate individual needs. Most facilities comply with regulations in the Americans with Disabilities Act (ADA).

Birth City  Please enter the name of the city where you were born.

Birth State  Please select the state where you were born from the drop down list.

Birth Country  Please enter the name of the country where you were born.

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## High School

Please provide information about the high school from which you graduated, or the last one attended if you did not graduate

Name of High School  High School Graduation Status  
 Yes  GED  No

High School City

High School State

High School End Month  High School End Year

## College

Please indicate your current enrollment class by selecting from the choices below.

Current Enrollment Class  Freshman  Sophomore  Junior  Senior

Please select the month and year when you expect to graduate from college.

Projected Graduation Month  Projected Graduation Year

Add a College

Colleges Attended Please list any colleges you have attended. Begin by clicking the Add a College button.

Name of College	<input type="text"/>	<input type="radio"/> Presently Attending	<input type="radio"/> Previously Attended
College City	<input type="text"/>		
College State	<input type="text"/>		
College Start Month	<input type="text"/>	College Start Year	<input type="text"/>
College End Month	<input type="text"/>	College End Year	<input type="text"/>
Major	<input type="text"/>	Minor	<input type="text"/>
<input checked="" type="checkbox"/> Delete This Record			

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Please enter your GPA (Overall and Science), and your SAT and/or ACT Scores

GPA		SAT		ACT	
Overall	<input type="text"/>	Math	<input type="text"/>	English	<input type="text"/>
Science	<input type="text"/>	Reading	<input type="text"/>	Math	<input type="text"/>
		Writing	<input type="text"/>	Reading	<input type="text"/>
				Science	<input type="text"/>
				Writing	<input type="text"/>

Previous CBN Event Participation

Please tell us about any CBN Events you may have attended. To begin, click the Add a CBN Event Button

**Add a CBN Event**

Have you participated in other CBN Events? If yes, please tell us the month and year the Event took place, and the name of the Event.

CBN Event Month	CBN Event Year	Name of CBN Event	<input type="checkbox"/> Delete This Record
<input type="text"/>	<input type="text"/>	<input type="text"/>	

If a scroll bar appears at the right side of this box, you may scroll down to see additional records in this section.

### Extracurricular Activities

Please tell us about your extracurricular activities. Select Start and End Months and Years, and enter a brief description. To begin, click on the Add an Activity button.

**Add an Activity**

Activity Start Month	Activity Start Year	Activity End Month	Activity End Year	<input type="checkbox"/> Delete This Record
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Activity Description	<input type="text"/>			

If a scroll bar appears at the right side of this box, you may scroll down to see additional records in this section.

### Awards

Please tell us about awards you have received. Enter the name of the award, the name of the organization that gave the award, select the month and year the award was given, and enter a brief description. To begin, click on the Add an Award button.

**Add an Award**

Name of Award	<input type="checkbox"/> Delete This Record		
<input type="text"/>			
Name of Awarding Organization	<input type="text"/>		
Description of Award	<input type="text"/>		
Month Awarded	<input type="text"/>	Year Awarded	<input type="text"/>

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## Research Experience

Do you have research experience?

Yes  No Please select either Yes or No

If you answered Yes, please tell us about any research experience you may have had. To begin, click on the Add an Experience button.

**Add an Experience**

Experience Start Month	Experience Start Year	Experience End Month	Experience End Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Research Experience Location <span style="color: green;">Please tell us where this research experience happened.</span>			
<input type="text"/>			
Research Experience Description <span style="color: green;">Please briefly describe the research experience.</span>			
<input type="text"/>			
<input checked="" type="checkbox"/> Delete This Record			

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### Short Essay Please respond to one of the two statements below in 250 words or less.

Option 1: Please describe what you remember most about the science experiences that you had in your kindergarten through twelfth grade schooling, your after-school activities, and/or your summer activities.

Option 2: Describe an important person, event, course, or experience that helped initiate your interest in neuroscience, and how that person or experience sparked your interest.

Option 1  Option 2

Please indicate the Option to which you are responding, then enter your short essay (250 words or less) in the text box below. You may copy and paste from a text editor or word processor.

### Long Essay Please respond to the statement below in 500 words or less.

Why are you interested in participating in the BRAIN program, and what do you hope to accomplish in the program? You may describe both personal and professional goals in this answer.

### Research Interests Please write a brief description (250 words or less) of your current research interests.

### Post-Baccalaureate Plans Please write a brief description (250 words or less) of what you plan to do after graduating from college.

### Long Term Career Objectives Please write a brief description (250 words or less) of your long term career objectives.

### Optional Essay If appropriate, please respond to the statement below in 250 words or less.

If you believe that your academic record does not accurately reflect your potential, please explain

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Please answer the following questions by selecting either Yes or No (or Maybe).

Will you require Campus Housing during your participation in the BRAIN Program?  Yes  No  Maybe

Do you have any disability that will require special accommodations, either in housing or the learning environment?  Yes  No

The BRAIN program requires a good deal of sensory and motor activity every day, but we make effort to accommodate individual needs. Most facilities comply with regulations in the Americans with Disabilities Act (ADA)

Please provide requested information by entering brief statements in the text boxes below.

Disability Accommodations If you answered "Yes" to having a disability, please describe any accommodations you require.

Dietary Preferences Please describe any special dietary preferences you may have.

How did you learn about the BRAIN Program? Please select all that apply from the list below.

- One of my professors
- A school club/organization
- My mentor
- Someone in my lab
- A friend
- A former BRAIN participant
- A family member
- An internet search
- Ad in a journal
- FUN website
- An email sent to me
- Other (please describe below)

Other Sources If you selected "Other", please tell us about how you heard about the BRAIN Program.

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Please respond to each of the following statements by selecting Yes or No.

- Yes  No I am available for the full duration of the BRAIN Program.
- Yes  No I warrant that all materials I have provided in my application are accurate and truthful.
- Yes  No I authorize the use of my application information to be used in assessing my candidacy for the BRAIN Program.
- Yes  No I understand that my privacy rights are protected by the provisions of the Family Educational Rights and Privacy Act.
- Yes  No I understand that my application is not complete until all my materials, including mail-in items, are received.
- Yes  No If accepted into the BRAIN program, I will not hold outside employment or enroll in any courses during the tenure of the program
- Yes  No If accepted into the BRAIN program, I will participate fully in all program activities. I recognize that some program activities occur in the evenings and on weekends. I understand that summer vacation or other travel must not occur during BRAIN program activities.

That's all! If you have filled in all the previous sections, please click the "Submit" button below.

Your responses were saved as you entered them, and you may log in again and return to the application at any time until the deadline.

When you click the "Submit" button, you will be logged out and returned to the Login Page. There will be no confirmation of your submission, because you can return to the application later to make changes.

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**Ready to Submit? Click Here!**  
**Your data will be saved.**  
**The Online Application will close.**

Remember: when you click this button, you will be logged out. Your data has been saved as you entered it.

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