

BLaST GY11 Spring-2025 URE Application

FOR HELP, CONTACT BLaST at
907-474-5111 or email
uaf-blast@alaska.edu

PLEASE READ FORM COMPLETELY BEFORE YOU BEGIN!
ONCE YOU BEGIN, YOU CANNOT RETURN AT A LATER TIME.

DEADLINE: NOV. 11, 2024
https://www.uaf.edu/blast/apply_URE.php

Submit the application by midnight on November 11, 2024 for the Spring 2025 semester.

You are required to have your mentor complete a [BLaST Mentor Confirmation form](#) prior to 11/11/2024.

1. Biomedicine, One Health and/or Subsistence Health Relevance of the Proposed Project: (this section does not count toward the 500–800 word project description). In 200 words or less, describe the relevance of the project to Biomedicine, One Health and/or Subsistence Health. These terms are described in detail on the [BLaST website](#).

2. Project Description:

A) Specific Aims:

B) Significance:

C) Innovation:

D) Approach:

E) Mentoring Plan: (Who is the faculty mentor? Are there technicians or trainees who will also mentor the applicant? How frequently will the applicant meet with her/his mentors? What will be the purpose/activities of those meetings?)

3. References Cited: (this section does not count toward the 500–800 word project description)

4. Budget: (this section does not count toward the 500–800 word project description) Itemize total projected expenses up to **\$3,000** for Spring 2025. Request funds for salary (if the student is eligible; see the [URE RFP](#) for details. Briefly describe and justify the salary, supplies and service expenditures.

Group projects on one application will not be reviewed. If you have a group project, please apply individually each explaining your portion of the project.

Applicant Name *

First Last

University of Alaska ID (If no UA-specific ID please add 11111111) *

College/University Email *

Secondary Email *

Good Contact Phone Number *

 - -

####

Secondary Phone Number *

 - -

####

Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Anticipated date of graduation: * / /

MM DD YYYY

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Campus(es) Where the Project Will Be Conducted ***Degree Program (e.g. BS in Biological Sciences) *****Cumulative Undergraduate GPA *****Class standing****How many college credits will you take in Spring 2024? ***

BLaST is funded by the National Institute of Health (NIH), and the NIH encourages institutions to enhance the participation of individuals from groups identified as underrepresented in the biomedical, clinical, behavioral and social sciences.

Check All That Apply *

- From racial and ethnic groups that have been shown to be underrepresented in health-related sciences on a national basis
- Have a disability
- From a family with an annual income below established low-income thresholds
- From a rural or inner-city educational environment
- Choose not to respond

Race/Ethnicity (Check All That Apply) *

- American Indian or Alaskan Native
- Asian
- Black or African American
- Caucasian
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Choose not to respond
- Other

Please enter other Race/Ethnicity

Disability Status (Check all that apply)

- Hearing Impairment
- Visual Impairment
- Mobility / Orthopedic Impairment
- Cognitive Impairment
- Neurological Condition
- Prefer not to answer
- Other

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Other

Maximum of 10 words. *Currently Used: 0 words.*

Citizenship: (choose one) *

- U.S. Citizen
- Permanent Resident
- Other non-U.S. Citizen

Gender *

- Male
- Female
- Prefer not to answer

Project Information

Compose your answers in a separate document, proofread them carefully, and enter them into the boxes below.

Research Project Title *

Projected start date of project *

 / / 

MM DD YYYY

Projected end date of project *

 / / 

MM DD YYYY

In 200 words or less, please describe the biomedical and/or One Health relevance of your project. *

Maximum of 205 words. *Currently Used: 0 words.*

Project Description: include specific aims, significance of project, innovation, approach, and mentoring plan (500–800 words).

*

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Enter 500 to 800 words. *Currently Used: 0 words.*

Literature References

Additional information

No file chosen

Mentor Name *

--	--

First Last

Mentor Email *

Mentor Name

--	--

First Last

Mentor Email

Name of faculty member that will be signing your time sheet if your mentor is a graduate student:

*Please ask if your faculty member is willing to do so before putting their information down and have them fill out the mentor confirmation form.

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First Last

Email of faculty member who will sign your time sheet:

List any prior mentored research experience(s). Include time and duration of project(s), mentor's name(s), and project title(s).

Maximum of 400 words. Currently Used: 0 words.

Does this project involve human subjects or vertebrate animals? Check all that apply. *

- No
- Yes, human subjects
- Yes, vertebrate animals

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If yes, has an IRB or IACUC protocol been submitted or approved?

- No
- Yes, submitted
- Yes, approved

If your project does involve human subjects or vertebrate animals, and you don't have IRB/IACUC submitted and/or approved please provide a brief explanation of what the reason for that is.

Attach IRB or IACUC File (if applicable)

No file chosen

Attach IRB or IACUC (if more than one)

No file chosen

Budget

The following sections (supplies and services, travel, and salary) will help you to itemize total projected expenses up to \$3,000.

RESEARCH COMMODITIES AND RESEARCH SERVICES

Budget justification: Please itemize major items, list their purposes, and estimate cost of each.

Subtotal for research commodities (supplies, e.g. test tubes, tags, etc.)

\$.
 Dollars Cents

Subtotal for research services (e.g. registration, sending samples out for testing, etc.)

\$.
 Dollars Cents

SALARY

You are only eligible for salary if you are full-time (12 credits) during the 2024/2025 Academic year and maintain a 2.0 cumulative GPA.

Choose your hourly wage based on the number of semesters of prior mentored research experience report in URE application for this project . NOTE- If you would like to request a higher wage, please include justification from your mentor, explaining why the higher wage is requested. Justification will be reviewed by HR. If higher wage is not approved, we will base your wage off the scale below.

- No prior research experience \$11.80/hour
- 1 semester research experience \$12.03/hour
- 2 semesters research experience \$12.27/hour
- 3 semesters research experience \$12.52/hour
- 4 semesters research experience \$12.77/hour
- 5 semesters research experience \$13.03/hour
- Other- Add requested hourly rate in budget justification

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Budget Justification: Please give the number of hours per week multiplied by number of weeks to give total hours. Use this formula and restate it in your summary below:
#hours X # weeks = Total hours. *There are 9 pay periods in this award period. The maximum is 20 hours per week.

Subtotal salary requested

\$.
Dollars Cents

TRAVEL

Travel will be supported if it is integral to the project.

Budget justification for travel. Explain how the travel is integral to the project. Itemize with estimated costs the following: Name of conference or meeting, air transport, ground transport, accommodation, and per diem.

Subtotal travel requested

\$.
Dollars Cents

TOTAL AMOUNT REQUESTED (add all subtotals of supplies, services, salary, and/or travel not to exceed \$3,000)

*

\$.
Dollars Cents

If you have any questions, email the BLaST Program at uaf-blast@alaska.edu or call 907.474.5111

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