



## Manhasset Women's Coalition Against Breast Cancer Geraldine J. Baker Memorial Scholarship for Breast Cancer Research

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The MWCABC Geraldine J. Baker Memorial Scholarship for Breast Cancer Research is designed for a mature, highly motivated, independent minded rising Junior with a proven interest and academic strength in biology and chemistry. It provides an exciting opportunity to work beside world renowned researchers at a state-of-the-art facility, examining aspects of breast cancer research.

### Program Requirements

**Submissions:** Interested students, with the endorsement of their science research advisor, must submit to MWCABC:

- an essay indicating why they should be considered for participation in the breast cancer research opportunity;
- his/her most recent science research paper for review;
- a letter of recommendation from the student's science research advisor;
- a letter of reference from another member of his/her school faculty;
- a copy of his/her high school transcript; and
- a completed application form, which includes contact information, social security number and a parent/guardian consent that their daughter/son will be working in a laboratory environment with potentially hazardous materials and/or rodents.

**Interview:** Following review of the completed application and accompanying documents, students will be interviewed by members of MWCABC and/or the researchers.

**Copies to Researchers:** Copies of all documents submitted as part of the application process will be forwarded to the researchers for their review and records.

**Review Laboratory Studies:** Once selected for the program, the student is required to review information about studies that have been conducted by the participating research lab before beginning the summer research program.

**Student Evaluation of Program:** Upon completion of the program, the student is required to fill out an evaluation of the program, which covers a critique of his or her lab experience and other aspects of the program.

**Final Essay:** The participating student must submit a 2-page essay explaining what he or she learned during the summer research program. This essay may be forwarded to the school board and the press.

**Eligibility:** The participating student must reside in Manhasset and be a sophomore.



## **Other Information**

- The program length will be approximately 4-6 weeks during the summer.
- The selected student will receive a \$1000 stipend to help cover transportation and other expenses during the program.
- The host facility will receive \$1000 to help defray laboratory and materials costs associated with the student's research work.
- The student may be asked to speak briefly about her/his experience at a MWCABC function.
- The participating laboratory may require that a liability insurance rider be provided by the school insurer as well have other requirements including a physical exam and orientation. Requirements may differ from facility to facility..
- The student must be willing to work with mice in the participating laboratory.
- The scholarship program is modeled after a mentor program initiated by the Great Neck Breast Cancer Coalition.

## **About MWCABC**

The Manhasset Women's Coalition Against Breast Cancer is a not-for-profit corporation committed to the fight against breast cancer. MWCABC's mission is to fund innovative research, increase awareness through education and provide support services to those with breast cancer and related diseases. Founded in 1997, MWCABC holds community information programs on topics related to breast cancer or its prevention and provides Outreach services to those in the community undergoing treatment for breast cancer. More information about MWCABC and its activities can be found on the website [www.manhassetbreastcancer.org](http://www.manhassetbreastcancer.org).



Submit the application package  
by March 12 to:  
MWCABC Attn: Scholarship  
PO Box 1007, Manhasset, NY 11030

## Application Form

### MWCABC Geraldine J. Baker Memorial Scholarship for Breast Cancer Research

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Date: \_\_\_\_\_

#### Part 1: Background Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Student's home address (Street number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ ☐ Male ☐ Female

#### Part 2: Current Status

School attending: \_\_\_\_\_ Year of expected graduation: \_\_\_\_\_

Employment: ☐ Yes ☐ No

If yes, provide dates and locations. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, provide dates, offenses and dispositions: \_\_\_\_\_

\_\_\_\_\_

**Immunization Requirement:** For precautionary measures, students must be immunized for tetanus within the past three years because their work in the program may cause them to be in contact with laboratory rodents (mice and rats).

Tetanus immunization current? ☐ Yes ☐ No



### Part 3: Lab Experience

*Applicants are expected to be available 35+hours per week for at least 4 weeks.*

Have you had past volunteer or paid lab experience? ☐ Yes ☐ No

If yes, provide dates, locations and descriptions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Part 4: Outside Interests

Please list and briefly describe some of your outside interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Part 5: Honors and Awards

Please list any honors and awards you have received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Part 6: Future Plans

Please state your future plans at this time and how this scholarship and subsequent lab experience may serve to help achieve them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Part 7: References and Contacts

Provide one personal reference (no family members):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Part 8: Student Agreement

I hereby certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements will render this application void and will be sufficient cause for immediate revocation from the MWCABC Geraldine J. Baker Memorial Scholarship Program (the "Program"). I am aware that I am applying for a research assignment, with no present or future promise of compensation for my services. I hereby authorize MWCABC to contact all of my educational and employment references and to inquire about, investigate and obtain copies of records that relate to me from educational institutions I have attended and from my former or current employers.

If accepted to the Program, I agree to (a) conform to the rules and regulations of the lab where I am assigned, its supervisor and its researchers (b) hold confidential all information from any laboratory that I may be exposed to, directly or indirectly, during the course of the Program and (c) assign the lab where I am assigned or its designee any works of authorship, inventions or other technology created by me during the course of the Program.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 9: Parental/Guardian Consent and Release of Liability

I understand that by participating in the Program my son/daughter may be working with hazardous chemicals, rodents, human blood and biological materials and will be provided training in the safe handling of these items. I further understand that my son/daughter may be required to pass an online Biosafety Course before starting his/her work in the Program. I hereby give my son/daughter permission to participate in the Program and at the laboratory that has been identified by the Program.

I hereby release MWCABC from any and all liability whatsoever that may result from any inquiry, investigation, communication or injury relating to this application or in connection with my son/daughter's participation in the Program. Other than the \$1000 stipend paid to my son/daughter by MWCABC to help cover transportation and other expenses during the Program and the \$1000 payment to the laboratory selected, MWCABC shall not be required to expend its own funds or otherwise incur any liability in the performance of the Program.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_