

iBUMP MENTEE APPLICATION

*this application form is in order to identify the best mentee for you, but we cannot guarantee any requests

CONTACT INFORMATION

FULL NAME

EMAIL ADDRESS

APPLICATION

Which Semester are you applying for?

What year are you in?

What is your declared major?

Are you doing an undergraduate research project / 4th year thesis?

Are you planning to apply for scholarships this year? Either for your undergraduate career or for graduate school.

Please summarize your research interests, if any. If you are enrolled in a research project, please include your research goals for this project in your summary.

Are you affiliated with a lab in the IB department (e.g. are you a USRA or URA student, volunteer, etc.)? If so, which lab?

Do you care about the gender of your mentor? If yes, please specify.

Would you like to have a specific mentor? Please indicate your reason why

Please summarize what you are looking to get out of this program.

If you find it helpful, you may also indicate 'yes/no' to the following options, depending on how important you consider them to your mentoring experience:

Assistance with research/lab skills	Assistance with becoming familiar with/understanding scientific literature
Yes, this is important	Yes, this is important
No, this is not important	No, this is not important
Career advice	Perspective on life in graduate school
Yes, this is important	Yes, this is important
No, this is not important	No, this is not important
Help applying for scholarships	Help writing in the scientific style
Yes, this is important	Yes, this is important to me
No, this is not important	No, this is not important
Developing a research proposal for your thesis project (if applicable)	Help figuring out research interests
Yes, this is important	Yes, this is important
No, this is not important	No, this is not important
Help networking in the scientific community	
Yes, this is important	
No, this is not important	

Have you participated in this program before? If so, who was your mentor? How do you think you could benefit from participating in this program for another semester?

When you have completed this form, kindly email it to ibump.info@gmail.com. Thanks!