

2024-2025 AGA–Dr. Harvey Young Education & Development Foundation's Young Guts Scholar Program

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Eligibility Assessment

Use the dropdowns on this page to confirm you are eligible for a Young Guts Scholar Award before moving on to the full application.

Read the [request for applications](#) for a complete listing of eligibility details. Contact AGA awards program staff at awards@gastro.org with any questions.

Educational Status

Are you currently enrolled in an undergraduate degree-granting program in the United States?

Select



Applicant Name

First Name

Last Name

Email Address

Please enter an email address you will have access to after graduation.

Degree Sought

Select the degree you plan to receive at the end of your undergraduate program.

Major

Please enter your undergraduate major (e.g., biology, pre-med, political science). Enter 'undeclared' if you have not yet selected a major. Separate multiple majors with a comma.

Anticipated Graduation Date

Enter the year and month you anticipate graduating with your undergraduate degree.

Year

Month

College/University

Address

Please enter the city, state, and ZIP code where you live during the academic year.

City

State/Province

ZIP/Postal Code

Underrepresented Groups in Biomedical Research

The following groups are considered underrepresented in biomedical research and are eligible to apply:

- Racial and ethnic groups: African Americans or Blacks, Native Alaskans, Native Americans, Native Hawaiians and U.S. Pacific Islanders, and Latinx or those with Hispanic origin. For the purposes of this application, Asian Americans are also considered underrepresented in medicine.
- Individuals with disabilities.
- Individuals from disadvantaged backgrounds, i.e., those meeting **two or more** of the following criteria:
 - Current or former homeless.
 - Those who were in the foster care system.
 - Those who were eligible for the [Federal Free and Reduced Lunch Program](#) for two or more years.
 - First generation college students.
 - Those who were or are currently eligible for [Federal Pell grants](#).
 - Those who received support from the [Special Supplemental Nutrition Program for Women, Infants and Children](#).
 - Those who grew up in a U.S. rural area according to the [Health Resources and Services Administration](#) or a [Low-Income and Health Professional Shortage Area](#) according to the Centers for Medicare and Medicaid Services.

Sex

- Female
- Male
- Non-binary
- I prefer not to disclose my sex

Ethnicity

- Latinx/Hispanic origin
- Not Latinx or Hispanic origin
- I prefer not to disclose my ethnicity

Race

Please check all that apply.

- Asian
- Black or African American
- Middle Eastern or North African
- Native American or Alaskan
- Native Hawaiian or Pacific Islander
- White
- Other (please specify)
- I prefer not to disclose my race

Do you have a disability?

Individuals with disabilities are defined by the [Americans with Disabilities Act \(ADA\)](#) as those with a physical or mental impairment that substantially limits one or more major life activities.

- No
- Yes

Do any of the following criteria apply to you?

Please check all that apply. If none of the criteria apply to you, select "None of the above."

- Current or formerly homeless.
- Spent time in foster care.
- Eligible for Federal Free and Reduced Lunch Program for two or more years.
- First generation college student.
- Eligible for Federal Pell grants.
- Received support from the USDA Special Supplemental Nutrition Program for Women, Infants, and Children.
- Grew up in a U.S. rural area according to the Health Resources and Services Administration or in a Low-Income and Health Professional Shortage Area according to the Centers for Medicare and Medicaid Services.
- None of the above.

You must identify, contact and secure a commitment from a research mentor who is a member of the AGA. A key component of your application is a letter of support from your mentor.

For applicants without a current mentor, AGA staff is available to help you find a willing mentor at or near your institution. Please message us at awards@gastro.org with your location and indicate that you would like to find a mentor.

Continue with this page of the application once you have a mentor working with you.

Mentor's Letter of Support

(Not Sent)

Your research mentor will need to submit a letter in support of your application. Please enter their name as you want it to appear in the letter of support request email. Enter the email address you have been using to communicate with your mentor.

When you click "Send Request Now," AGA will send a message to the provided email. Your mentor will receive a link to submit their letter of support so that it is automatically attached to your application. You will receive a confirmation when the letter is submitted, though will not have access to the letter itself.

Please let your mentor know that you are sending the request so that they know to expect it.

Full Name

Email

Send Request Now

Reference

Enter the details for a reference below. Your reference is someone different from your mentor. Pick a current or former professor who can speak to your academic engagement and qualifications.

Referee First Name

Referee Last Name

Referee Degree(s)

Separate multiple degrees with commas (e.g., MD, PhD).

Referee Position/Title

Referee's College/University/Institution

Authorization to Contact Your Referee

(Not Sent)

By entering a name and email address for your reference in the boxes below you authorize AGA to contact your referee.

When you click "Send Request Now," AGA will send a message to the provided email address. The referee will receive a link to submit their letter of recommendation so that it is automatically attached to your application. You will receive a confirmation email when the letter is submitted, though you will not have access to the letter itself.

Please discuss this opportunity with your reference before sending the request so that they know to expect it.

Full Name

Email

Send Request Now

Project Information and Uploads

Please tell us about your proposed research project and upload your application documents.

Project Title

Abstract

Summarize your research project in 250 words or less.

Word count: 0 / 250

Instructions of Uploads

PDF files are required for all document uploads listed below and individual files may not exceed 25 MB. Clearly mark each document with a section header at the top of the first page (e.g., LastName_ResearchPlan).

Carefully follow the page limits listed for each document below and please follow the formatting guidelines listed here:

- Use 8.5 x 11-inch pages in portrait layout.
- Use 0.5-inch or larger margins.

- Use 11-point or larger Arial, Calibri, Helvetica, or Times New Roman fonts.

Applications missing any of the required documents will automatically become ineligible for review.

Research Proposal

The research proposal should describe the research you plan to perform during the award period. Limit the proposal to two pages maximum. Include these sections:

1. **Background information:** Why is the research you plan to do important? What digestive disease(s) is your research related to? What impact will this research have on patients living with this disease?
2. **Specific aims:** What are the key questions you will address with your research?
3. **Research plan:** What techniques, methods, datasets, and approaches will you use to answer your key questions?

Choose File No file chosen

Personal Statement

The personal statement is limited to one page and should describe:

1. Your career goals.
2. Your research background, if any.
3. Your interest in digestive disease research.
4. How the Young Guts Scholar Program will benefit your academic and career goals.
5. Your involvement in creating the research proposal with your mentor.

Choose File No file chosen

Transcript(s)

Include a copy of your academic transcript(s). There is no page limit and unofficial transcripts are acceptable, provided all courses and credits are clearly legible.

Choose File No file chosen

I consent to receive emails from AGA about research awards or other updates via email or post.

You can opt-out at any time by contacting awards@gastro.org.

Yes.

No.

I consent to have my data shared with select AGA partners and third parties.

AGA values your personal information and has processes in place to keep your details secure. Any parties that we may share your data with are obligated to do the same and will only use it to fulfill relevant services they provide you on our behalf.

Yes.

No.

I have read and agree to AGA's Privacy Policy.

Review [AGA's Privacy Policy online](#).

Yes, I have read and agree to AGA's Privacy Policy.