

# Summer Undergraduate Research Fellowships 2026

## Department of Pharmacology and Toxicology University of Arkansas for Medical Sciences

The Department of Pharmacology and Toxicology at the University of Arkansas for Medical Sciences in Little Rock is offering Summer Undergraduate Research Fellowships funded in part by the American Society of Pharmacology and Experimental Therapeutics (ASPET).

Qualification: Fellowships are open to highly motivated students enrolled in an undergraduate program who wish to gain research experience in pharmacology or toxicology. A background in neuroscience, organic chemistry, cell biology, biochemistry, experimental psychology or statistics is desired but not required. Minorities are encouraged to apply. *This is a UAMS paid employee position so international students are typically not eligible.*

Funding/Program Start Date: The student will be paid a \$4,600 stipend for 10 weeks of work and study. The tentative dates are Tuesday, May 26 (the day after Memorial Day) through Friday, July 31.

Housing: Housing is available on a first come, first served basis at the UAMS student dormitory. Alternatively, fellows may arrange for their own housing. Please contact the director below for more information.

Positions: Four positions will be available. Awards will be made on a competitive basis. Applicants will be notified via email by April 6.

Research Opportunities: Accepted students will have the opportunity to choose a research projects from participating faculty in the Department of Pharmacology and Toxicology. A broad area of research projects are available in our three research focus areas: (1) Cardiovascular / Renal, (2) Cancer Therapeutics, and (3) Substance Abuse / Behavioral Pharmacology.

Application: Apply by completing the application forms below, including arranging for the Reference Letter Forms to be completed and sent separately by at least one faculty member.

Contact Dr. Fantegrossi below for more information about possible projects. More information about the Department of Pharmacology and Toxicology, UAMS, and Little Rock can be found at our web site: <http://pharmtox.uams.edu>.

**Send by email the completed application by March 27, 2026 to:**

William E. Fantegrossi, Ph.D.  
Department of Pharmacology and Toxicology  
University of Arkansas for Medical Sciences  
4301 West Markham Street, Slot 611  
Little Rock, AR 72205  
Email: WEFantegrossi@uams.edu

# Summer Undergraduate Research Fellowship Application

## Department of Pharmacology and Toxicology University of Arkansas for Medical Sciences

1. Name: \_\_\_\_\_  
Last First M.I.

2. Current Mailing Address:	Permanent Mailing Address:
Phone:	email:
	Phone:

3. Academic Institution: \_\_\_\_\_

4. Current Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_

5. As of June 2026 I will be classified as a  sophomore,  junior, or  senior. After graduation I am most interested in attending  medical school,  graduate school (Ph.D. degree) or  combined M.D., Ph.D. degree,  other \_\_\_\_\_.

6. **(Optional)** Race:  American Indian or Alaskan Native,  Asian or Pacific Islander,  Black, not of Hispanic origin,  Hispanic,  White, not of Hispanic origin.

7. Research Experience: Briefly describe research experience, if any, in the space provided.

8. References: Provide names, addresses, phone and FAX numbers, and email addresses for one faculty member you have asked to write a letter of recommendation on your behalf. The Reference Letter Form included in this packet is to be used for this purpose. Up to two additional references may be solicited on your behalf, and all must return a completed form directly to the address **(or email)** provided on the form by March 27, 2026.

Name:
Address:
Phone:
FAX:
Email:

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

9. Academic Honors: List in the space provided.

10. In the space provided, describe your long-term goals and how training in pharmacology or toxicology fits into these goals.

11. Signature of Applicant: \_\_\_\_\_

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

**12. Return by email the Completed Application by March 27, 2026 to:**

William E. Fantegrossi, Ph.D.  
Department of Pharmacology and Toxicology  
University of Arkansas for Medical Sciences  
4301 West Markham Street, Slot 611  
Little Rock, AR 72205  
WEFantegrossi@uams.edu

# Summer Undergraduate Research Fellowship Application

Department of Pharmacology and Toxicology  
University of Arkansas for Medical Sciences

## Reference Letter Form

INSTRUCTIONS: Please complete all sections and mail to Dr. William E. Fantegrossi, Department of Pharmacology and Toxicology, University of Arkansas for Medical Sciences, 4301 West Markham, Slot 611, Little Rock, AR 72205 or **email the completed form to: WEFantegrossi@uams.edu**

Applicant Name: \_\_\_\_\_  
Last First M.I.

NOTE TO RESPONDENT: The above applicant has selected you as a reference related to his/her application for a Summer Undergraduate Research Fellowship in the Department of Pharmacology and Toxicology at the University of Arkansas for Medical Sciences. Please supply the information requested and email this form by **March 27, 2026** to the address above.

1. Rate the applicant on the items listed below using a numerical score of 1 to 5 (1 - outstanding; 2 - above average; 3 - average; 4 - below average; 5 - poor; X - insufficient knowledge to rate).

- |  |  |
|--|--|
| <input type="checkbox"/> Interest in career in science | <input type="checkbox"/> Ability to organize scientific data |
| <input type="checkbox"/> Research experience           | <input type="checkbox"/> Proficiency in laboratory work      |
| <input type="checkbox"/> Academic achievement          | <input type="checkbox"/> Perseverance in pursuing goals      |

2. In the space provided (**or on a separate sheet you can email if you prefer**) describe the applicant's qualifications and traits you consider of special significance in judging the individual's application for this Summer Undergraduate Research Fellowship.

Signature of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name of Respondent: \_\_\_\_\_

Title and Department of Respondent: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

# Summer Undergraduate Research Fellowship Application

## Department of Pharmacology and Toxicology

University of Arkansas for Medical Sciences

### Reference Letter Form

INSTRUCTIONS: Please complete all sections and mail to Dr. William E. Fantegrossi, Department of Pharmacology and Toxicology, University of Arkansas for Medical Sciences, 4301 West Markham, Slot 611, Little Rock, AR 72205 or **email the completed form to: WEFantegrossi@uams.edu**

Applicant Name: \_\_\_\_\_  
Last First M.I.

NOTE TO RESPONDENT: The above applicant has selected you as a reference related to his/her application for a Summer Undergraduate Research Fellowship in the Department of Pharmacology and Toxicology at the University of Arkansas for Medical Sciences. Please supply the information requested and email this form by **March 27, 2026** to the address above.

1. Rate the applicant on the items listed below using a numerical score of 1 to 5 (1 - outstanding; 2 - above average; 3 - average; 4 - below average; 5 - poor; X - insufficient knowledge to rate).

- |  |  |
|--|--|
| <input type="checkbox"/> Interest in career in science | <input type="checkbox"/> Ability to organize scientific data |
| <input type="checkbox"/> Research experience           | <input type="checkbox"/> Proficiency in laboratory work      |
| <input type="checkbox"/> Academic achievement          | <input type="checkbox"/> Perseverance in pursuing goals      |

2. In the space provided (**or on a separate sheet you can email if you prefer**) describe the applicant's qualifications and traits you consider of special significance in judging the individual's application for this Summer Undergraduate Research Fellowship.

Signature of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name of Respondent: \_\_\_\_\_

Title and Department of Respondent: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

# Summer Undergraduate Research Fellowship Application

## Department of Pharmacology and Toxicology

University of Arkansas for Medical Sciences

### Reference Letter Form

INSTRUCTIONS: Please complete all sections and mail to Dr. William E. Fantegrossi, Department of Pharmacology and Toxicology, University of Arkansas for Medical Sciences, 4301 West Markham, Slot 611, Little Rock, AR 72205 or **email the completed form to: WEFantegrossi@uams.edu**

Applicant Name: \_\_\_\_\_  
Last First M.I.

NOTE TO RESPONDENT: The above applicant has selected you as a reference related to his/her application for a Summer Undergraduate Research Fellowship in the Department of Pharmacology and Toxicology at the University of Arkansas for Medical Sciences. Please supply the information requested and email this form by **March 27, 2026** to the address above.

1. Rate the applicant on the items listed below using a numerical score of 1 to 5 (1 - outstanding; 2 - above average; 3 - average; 4 - below average; 5 - poor; X - insufficient knowledge to rate).

- |  |  |
|--|--|
| <input type="checkbox"/> Interest in career in science | <input type="checkbox"/> Ability to organize scientific data |
| <input type="checkbox"/> Research experience           | <input type="checkbox"/> Proficiency in laboratory work      |
| <input type="checkbox"/> Academic achievement          | <input type="checkbox"/> Perseverance in pursuing goals      |

2. In the space provided (**or on a separate sheet you can email if you prefer**) describe the applicant's qualifications and traits you consider of special significance in judging the individual's application for this Summer Undergraduate Research Fellowship.

Signature of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name of Respondent: \_\_\_\_\_

Title and Department of Respondent: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ Email: \_\_\_\_\_