|  |  |
| --- | --- |
| **MWRI 2019 Fellowship Application** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | |  |  | | |  |  |
|  | Last | | | | |  | First | | |  | Initial |
|  | | | | | | | | | | | |
| **Mailing address** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Phone** |  | | |  |  | | |  |  | | |
|  | Home | | |  | Cell | | |  | Office/Lab | | |
| **Email address** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Citizenship** |  |  |  | | | | | | | | |
|  | Country of Citizenship |  | If Non-US Citizen, provide current visa status | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MWRI fellowship program level applied for** |  | **Postdoctoral fellowship** |  | **Graduate fellowship** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Degree |  | Year awarded |  | Institution and location |  | Major/program |
| **Training** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | |  |  |
|  | Graduate dissertation/thesis title (if applicable) | | |  | Mentor |
| **Current position** |  |  |  | | |
|  | Position/title |  | Institution and location | | |
|  |  | | | | |
|  | Field of study/research interest | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mentorship and program dates** |  |  |  |
|  | MWRI Faculty mentor sponsoring your application |  | Anticipated start date |

In addition to this application form, the following materials must be submitted to Margie Seskey electronically (as Word or PDF documents) at [seskeyma@mwri.magee.edu](mailto:seskeyma@mwri.magee.edu).

* Cover letter that includes a statement of your research interest, short-term goals for fellowship, time frame for training, a career development plan, milestones, and long-term goals.
* Curriculum vitae.
* A short, NIH-formatted style application of up to two pages (Arial 11 pt font, ½ inch margins) that includes the following sections: abstract (250 word limit), significance, innovation and approach, and references (limit of 10, must be included within the two page limit).
* Letter from the planned mentor, which includes a brief summary of the proposed research project and its fit within the mentor’s ongoing research program, a mentorship plan, and a proposed funding plan in case the fellowship is not granted. Specialized coursework, training or other activities should be specified within the mentorship plan.
* Two letters of recommendation (in addition to the MWRI mentor letter), addressed to the MWRI Postdoctoral Fellowship Review Committee, should be emailed directly from the referee to Margie Seskey ([seskeyma@mwri.magee.edu](mailto:seskeyma@mwri.magee.edu)).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DEMOGRAPHIC INFORMATION FOR NIH REPORTING** | | | | | | |
|  | | | | | | |
| As an institution that receives federal funds for trainees, MWRI is required to report demographic information regarding our applicants and participants to our training programs.**Provision of the following information is voluntary.** Applicants and trainees are strongly encouraged to provide this information; however declining to do so will in no way affect their appointments. Racial/ethnic/disability/background data are confidential and all analyses utilizing the data will report aggregate statistical findings only and will not identify individuals. | | | | | | |
|  | | | | | | |
| What is your race? |  | African American | | |  | Hispanic |
|  |  |  | | |  |  |
|  |  | Alaskan Native | | |  | Middle Eastern |
|  |  |  | | |  |  |
|  |  | American Indian | | |  | Pacific Islander |
|  |  |  | | |  |  |
|  |  | Asian | | |  | White |
|  |  |  | | |  |  |
|  |  | Other | | |  | Do not wish to provide |
|  |  |  | | |  |  |
|  |  |  |  |  |  |  |
| Are you Hispanic? |  | Yes |  | No |  | Do not wish to provide |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| What is your gender? |  | Male |  | Female |  | Do not wish to provide |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Do you have a disability? |  | Yes |  | No |  | Do not wish to provide |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Do you come from a |  | Yes |  | No |  | Do not wish to provide |
| disadvantaged background? |  |  |  |  |  |  |
|  | *Individuals falling in this category must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or Scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.* | | | | | |