# **MOLECULAR BASIS OF INFECTIOUS DISEASES (MBID)**

Complete the application form entirely. All fields are REQUIRED. State 'N/A' if not applicable.

# TRAINING PROGRAM [T32AI055449]

FELLOWSHIP APPLICATION FORM - page 1 of 3

**Applicant Information** 

#### Please download a copy of this form to your desktop first.

Please complete the application form entirely. All fields are REQUIRED, unless otherwise stated. State 'N/A' if not applicable. See the full list of required application materials at the bottom of this form. All materials must be received by the stated deadline, including letters of recommendation and all transcripts..

First Name:	Last Name:		
Birthdate:	Citizenship:		
Work email address:	Cell Number:		
Current Address:	Personal Email Address:		
Current Institution:	(	G	

Gender:

Graduate Program:

Date Started Current Graduate Program:

Name of Primary Mentor/Advisor:

Grant Support of trainee:

	Funding agency, grant number, and grant title	Stipend amount	Dates your stipend is/was supported
Current source of stipend			
Fellowship or training grant funding			

Department Administrator (required) Name, email, phone

Optional	Testing Information GRE General:	or MCAT (if applicable)		
<b>.</b>	Verbal Raw: Verbal Percentile:	Quantitative Raw: Quantitative Percentile:	Analytical Raw: Analytical Percentile:	
	GRE Subject: Subject Name:	Raw Score:	Percentile:	

# Education

Education History - Begin with the most recently completed degree program

Institution #1:	Degree:	Degree Date:
Field of Study:		GPA:
Institution #2:	Degree:	Degree Date:
Field of Study:		GPA:
Institution #3:	Degree:	Degree Date:
Field of Study:		GPA:



Graduate GPA:



#### **Research** Information

Primary Mentor/Advisor's Current Institution:

Department of Primary Mentor/Advisor:

Full-time Research Experience prior to entering current program (Number of months): \*Include research starting after you completed high school, up until you began your PhD program. Instructions of how to calculate the months are found here.

Are you able to commence support from this Fellowship 08/01?

If not, earliest start date is:

Provide six key words describing your research:

## **Project Information**

**Project Title:** 

**Detailed instructions for submitting Project information**. For this section, please send the following as a Word document to <u>va22@rice.edu</u> with the following section headers:

1. **Project Description** (maximum one page): A "Specific Aims page" including background, significance, rationale, hypothesis or goal, specific approaches, and anticipated outcomes. The student's dissertation project must involve molecular aspects of microbial pathogenesis or host interactions. Text only, no figures or tables allowed.

2. **Layperson's Project Description** (max 250 words): This is a simple description that would be understandable by someone with only a basic science background. It is for general purposes only and should describe your projects

3. **Career Goals** (max 500 words): Describe your overall career goals and how they relate to MBID. Describe the education, training, and other career development experiences you will need to achieve your career goals and how MBID will help you achieve them.

4. **Mentoring Plan** (max 500 words): Provide a brief description of the plan you and your mentor have jointly developed to achieve your career goals. Include any anticipated didactic course work, research training, enrichment activities and personal development (e.g. writing and speaking skills), professional meetings to be attended, etc. The plan should include an estimated timeline for completion of the graduate training program and specific milestones to be achieved. Include the use of an Individual Development Plan (IDP). Again, this plan should be jointly developed by you and your mentor (mentor will confirm this in his/her Recommendation Letter).

5. **Grant Support**: List any current or previous grant support (federal or otherwise) supporting your project/stipend, including any previous or current training grant or training fellowship support. Include the project title, grant sponsor, total award amount, and dates of support.

#### Current Degree Plan

Anticipated PhD Subject Area:

Anticipated PhD Month/Year:

Have you taken an ethics course in the Responsible Conduct of Research (RCR)?

No. If no, what course do you plan to take and when?

Yes. If yes, please provide name of course, where taken, and when it was completed.



## Additional Applicant Information (OPTIONAL):

Responses to the following items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background. Trainees are strongly encouraged to provide this information, however declining to do so will in no way affect the outcome of their application.

#### What is your Racial Background?

Please use Command or Control buttons to select more than one.

## If Other, please clarify.

Are you Hispanic (or Latino)? Note -'Hispanic or Latino' refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**Do you have a disability?** Note - A 'disability' is a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990.

If so, you may add additional information here about your disability, however this field remains entirely <u>OPTIONAL</u>.

## Applicant's Signature

# Checking this box is considered the equivalent to your signature.

I certify that the information submitted in this application is complete and correct to the best of my knowledge, and I waive the right to see recommendation letters submitted on my behalf.

Please Sign:

Today's Date:

# **MBID Fellowship Application Submission CHECKLIST**

**Please make sure you have completed all of the following components of this Application for full consideration into the MBID fellowship program.** You may send all application material to the attention of Vicki Alger <u>va22@rice.edu</u> and refer to the **Additional Online Instructions here**.

Have you...

- Completed the MBID fellowship application form (this PDF)?
- Completed the Project Information document (WORD)? Is it attached?
- Requested a Mentor Recommendation Letter?

(This letter should be sent directly from the mentor to Vicki Alger <u>va22@rice.edu</u>. View detailed instructions online for the required content of this letter.)

- **Requested one additional Letter of Recommendation?** (This letter can be from anyone else other than your mentor and should also be sent directly from the recommender to Vicki Alger va22@rice.edu.
- Sent Transcripts?
- Sent a a NIH Biosketch that includes a numbered list of your publications and abstracts (if any) in the Contributions to Science section? Link to the NIH Fellowship Biosketch form.
- Sent proof of citizenship (e.g. copy of passport/resident card/birth certificate)?

#### Application Completion and Submission Instructions

Please download a copy of this form to your desktop first. You may encounter issues if opening the form directly from your browser. Once you have completed this form, save a copy by selecting the "PRINT" option, then "SAVE AS PDF" then send it as an attachment to Vicki Alger va22@rice.edu, along with any other attachments. Once submitted, you will not be able to make changes.