

## TECHNICAL IRTA FELLOWSHIP PROGRAM

### PROGRAM APPLICATION

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

**Instructions:** Before you begin, you may want to review some [helpful hints](#) on using electronic forms and a statement about [privacy](#). After you fill out the application form below, press the [Preview] button at the bottom of the page and review your application for accuracy.

#### Eligibility Criteria:

1. Candidates must have graduated from a fully accredited U.S. College or University with a Bachelors or Masters degree.
2. Candidates must be U.S. citizens or permanent residents.

● Indicates a required field!

#### 1. Personal Information

Name:     ●  
First MI Last

Month/Day of Birth:  /  ● (mm/dd)

E-mail Address:  ● Format: user@server.com

To obtain a free e-mail address, click [here](#)

Permanent Address:  ●

City:  ●

State:  ● (DC for Washington D.C.)

Permanent Zip Code:  ●

Permanent Home Phone:  ● Format: (999) 999-9999

Current Home Phone:  ● Format: (999) 999-9999

Citizenship Status:  ●

If Permanent Resident:

Country of Citizenship

Alien Registration No.

## 2. Academic Information

**Current School (or last school attended):**

**Cumulative GPA:**

**School Grading Scale:**

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

**Academic Major:**

or

**Degree Type:**

**Month and Year Degree**

**Received/Expected:**

 /  (mm/yyyy)

## 3. Coursework and Grades

Course Title

Grade

Course Title	Grade
--------------	-------

## 4. CV/Resume

You may copy and paste your curriculum vitae into this space. Minor reformatting may be necessary. Include education, relevant research experience, scientific publications, honors and awards, etc.

## 5. References

Letters of recommendation will be expected from ...

**Reference 1 (Name, Address, Phone, Email):**

**Name:**     ●  
First MI Last

**Address:**  ●

**Phone:**  ●

**E-mail:**  ● Format: user@server.com

Once your application is complete, an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

**Reference 2 (Name, Address, Phone, Email):**

**Name:**     ●  
First MI Last

**Address:**  ●

**Phone:**  ●

**E-mail:**  ● Format: user@server.com

Once your application is complete, an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

**6. Research Interests**

1.  ●  
2.  ●  
3.  ●

**7. Cover Letter:**

Include your research interests, career goals, and reasons for applying for training at the NIH.

●

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

**Notice to all applicants:**

Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

[Preview Complete Application](#)

## TECHNICAL IRTA FELLOWSHIP PROGRAM

### LETTER OF RECOMMENDATION FOR DR. PATRICIA WAGNER

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

#### **Instructions:**

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the button below to submit your letter.**

#### Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

#### Reference Letter

Please include your name, academic rank, department and institution in your signature block.

Submit

**Burden Disclosure Statement for Applicants –**

Public reporting burden for this collection of information is estimated to average 45-minutes for the application and 45-minutes for the supplemental material per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

**Burden Disclosure Statement for References –**

Public reporting burden for this collection of information is estimated to average 15-minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.