Health Disparities Research Institute (HDRI)

Application are due by May 12, 2017 (11:59pm EST).

Public reporting burden for this collection of information is estimated to average 25 minutes per submission. 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 0925-0740.
Do not return the completed form to this address.

Please complete application below. Fields marked with an asterisk (*) are mandatory. Incomplete applications will not be considered. Previous participants of the HDRI or the Translational Health Disparities Course are not eligible to apply.

APPLICANT INFORMATION

Name

     *Last   *First   MI

Gender   ○ M   ○ F

Race
- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ More than One Race

Ethnicity
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Date of birth   Day___ Month____ Year_____

Degrees/Credentials   [   ]

Professional Title   [   ]
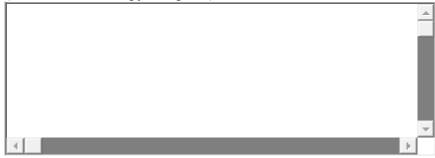
* Organization   [   ]
/Academic Institution
Department / Division   [   ]

* Mailing Address   [   ] [   ] [ ] [   ]
                         Street   *City*   *State* *Zip Code*

* Daytime Phone   [   ]
(xxx-xxx-xxxx):
Secondary Email   [   ]
(optional)   Please provide a secondary email address.

* Please identify your   ○ Academic Institution
affiliation:
                         ○ Community-based Organization/Non-profit

                         ○ Public Sector (state, local)

                         ○ Private/Industry Sector

NIH BIOSKETCH

Upload your NIH Biosketch
BUTTON Here

ESSAY QUESTION

* Please discuss your interest in the Health Disparities Research Institute and how it will
contribute to your work/future career goals in the area of minority health and health disparities.
(350-word limit, copy and paste)

[   ]

RESEARCH PROJECT ABSTRACT

* Please submit a research abstract that describes a research project that you would like to undertake. Your abstract should include specific aims, research hypothesis, research approach, and significance to addressing minority health and/or health disparities.
(850-word limit, copy and paste)

[text area]

REFERENCES

* Please provide the following information on the persons who will serve as your references. References need to be on letterhead and in PDF format for uploading (2-page limit).

Name (Reference 1)   [ ]   [ ]   [ ]
                      Last   *First*   MI

* Professional Title   [   ]

Institution   [   ]

* Email   [   ]

* Daytime Phone   [   ]
(xxx-xxx-xxxx):

Submit letter of Recommendation (BUTTON)
(PDF on letterhead, 2-page limit)

Name (Reference 2)   [ ]   [ ]   [ ]
                      Last   *First*   MI

* Professional Title   [   ]

Institution   [   ]

* Email   [   ]

Please double check your reference's email address.

* Daytime Phone   [   ]
(xxx-xxx-xxxx):

Submit letter of Recommendation (BUTTON)
(PDF on letterhead, 2-page limit)

How did you learn   ○   NIMHD website
about this Course

○ NIMHD listserv

○ Social media (Facebook, Twitter)

○ Other

Please note that the NIMHD Health Disparities Research Institute can accommodate only a limited number of applicants. An applicant who fails to attend after acceptance denies another worthy applicant the opportunity to participate. Therefore, if accepted, you assure the NIMHD that you will participate in the Program from August 14 through August 18, 2017.

☐ *** I have checked this box as proof that I have read and understand that if accepted, I will participate in the full Program.**

* Important: Please double check the email addresses of your references before submitting.

For more information, please contact: NIMHDHealthDC@mail.nih.gov

[   ]

Submit