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Do not return the completed form to this address.

HEALTH DISPARITIES RESEARCH INSTITUTE APPLICATION

Applications are due Monday, March 9, 2020 (05:00pm EST).

Please complete the application below. Fields marked with an asterisk (*) are mandatory. Clicking "Save" at the bottom of the form will retain your progress for completing the application at a later time. Your application will not be complete until you click "Submit". 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*

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

Degrees/Credentials*

Professional Title*

Organization/Academic Institution*

Department/Division*

Mailing Address*

Daytime Phone*

Primary Email

Your primary email address is automatically taken from your login ID.

Secondary Email*

Please provide a secondary email address.

Please identify your affiliation*

- Academic Institution
- Community-based Organization
- Public Sector (state, local)
- Private Industry
- Non-Academic/Other Research Organization

NIH BIOSKETCH*

Upload your [NIH Biosketch](#)
(PDF Only)

[Select](#)

NIMHD Division of Scientific Program*

Please select one [NIMHD Division of Scientific Programs](#) that aligns with the research proposed in your specific aims page.

- Clinical and Health Services Research (CHSR)
- Integrative Biological and Behavioral Research (IBBS)
- Community Health and Population Sciences (CHPS)

PERSONAL STATEMENT* Submit a brief essay outlining career goals, reasons for participating in the program, and plans for obtaining NIH funding.

(350-word limit, copy and paste)

SPECIFIC AIMS PAGE*

Submit a Specific Aims page that includes scientific premise/background, aims/hypotheses, and proposed methodology that reflects a future grant submission or resubmission that you plan to submit to NIH. To learn more about how to draft a specific aims page see these links: <https://nihgrants.blogspot.com/2018/07/how-to-write-specific-aims-page.html> or <https://www.biosciencewriters.com/NIH-Grant-Applications-The-Anatomy-of-a-Specific-Aims-Page.aspx>

(850-word limit, copy and paste)

REFERENCES

Please provide the following information on the persons who will serve as your references. References must be on letterhead and in PDF format for uploading (2-page limit) addressed to HDRI Selection Committee. One letter should be from a research mentor discussing the likelihood of grant submission within a year by the applicant*

Name (Reference 1)*

Professional Title*

Institution*

Email*

Please double check your reference's email address.

Daytime Phone*

Submit Letter of Recommendation*
(PDF on letterhead, 2-page limit)

[Select](#)

Name (Reference 2)*

Professional Title*

Institution*

Email*

Please double check your reference's email address.

Daytime Phone*

Submit Letter of Recommendation*
(PDF on letterhead, 2-page limit)

Select

How did you learn about this course?

NIMHD website

NIMHD listserv

Professional organization

Previous participant

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 HDRI program from August 3 through August 7, 2020.

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

NOTE: Failure to activate the SUBMIT button by the deadline will lead to an incomplete, ineligible application.

Logout

Disclaimer: <https://www.nimhd.nih.gov/disclaimer/>

For more information, please contact: HDRI@nih.gov