**OMB Number: 0925-0740**

**Expiration Date: 7/31/2022**

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**HEALTH DISPARITIES RESEARCH INSTITUTE APPLICATION**

**Applications are due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(05:00pm EST).**

**Please complete the application below. 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.**

*Information on Gender, Race, Ethnicity is voluntary and will be used for reporting purposes.*

Top of Form

**APPLICANT INFORMATION**

Name

  

Gender

 M

 F

 Choose not to respond

Race

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Degrees/Credentials



Professional Title



Organization/Academic Institution



Department/Division



State of residence


Daytime Phone



Primary Email

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

Secondary Email

Please provide a secondary email address.



**NIH BIOSKETCH**

Upload your [NIH Biosketch](https://grants.nih.gov/grants/forms/biosketch.htm)
(PDF Only)

[Select](https://summerhealthdisparities-test.nimhd.nih.gov/applicant)

**NIMHD Division of Scientific Program**

Please select one [NIMHD Division of Scientific Programs](https://www.nimhd.nih.gov/programs/extramural/research-areas/) 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



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

[Select](https://summerhealthdisparities-test.nimhd.nih.gov/applicant)

Name (Reference 2)

  

Professional Title



Institution



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

[Select](https://summerhealthdisparities-test.nimhd.nih.gov/applicant)

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 \_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_.

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](https://summerhealthdisparities-test.nimhd.nih.gov/signout)

Bottom of Form

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

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