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.
APPLICANT INFORMATION
Name
Gender
Ç F
C C
Choose not to respond
Race
American Indian or Alaska Native
C Asian
Black or African American
Native Hawaiian or other Pacific Islander

0	White
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NIH	BIOSKETCH
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NIM	HD Division of Scientific Program
Pleas	se select one NIMHD Division of Scientific Programs that aligns with the research proposed in your specific aims page.
Q	Clinical and Health Services Research (CHSR)
0	
Q	Integrative Biological and Behavioral Research (IBBS)
	Community Health and Population Sciences (CHPS)
	SONAL STATEMENT
	nit a brief essay outlining career goals, reasons for participating in the program, and plans for obtaining NIH funding. 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

50 word limit, cany and nacta)
50-word limit, copy and paste)
EFERENCES
ease provide the following information on the persons who will serve as your references. References must be on letterhead and in PDF format r uploading (2-page limit) addressed to HDRI Selection Committee. One letter should be from a research mentor discussing the likelihood of ant submission within a year by the applicant
ame (Reference 1)
rofessional Title
stitution
ubmit Letter of Recommendation PDF signed, on letterhead, 2-page limit)
<u>Select</u>
ame (Reference 2)
rofessional Title
stitution
Sitution
ubmit Letter of Recommendation DF signed on letterhead, 2-page limit) Select
ow did you learn about this course?
NIMHD website
NIMHD listserv
Professional organization

Q	Previous participant
Q	Social media (Facebook, Twitter)
O	Other
appli	se note that the NIMHD Health Disparities Research Institute can accommodate only a limited number of applicants. An cant who fails to attend after acceptance denies another worthy applicant the opportunity to participate. Therefore, if accepted, 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

Disclaimer: https://www.nimhd.nih.gov/disclaimer/
For more information, please contact: HDRI@nih.gov