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LRP Personal Information v1.0 ?

OMB Number: 0925-0361
Expiration Date: 1/31/2026

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*Required field(s)

Personal Information NIH 2674-1

* NIH Commons ID

ORCID

* First Name (Legal)

Middle Name (Legal)

* Last Name (Legal)

Suffix (Legal)

---Select Suffix---

First Name (Other)

Middle Name (Other)

Last Name (Other)

Suffix (Other)

---Select Suffix---

* Work E-Mail

* Confirm Work E-Mail

Other E-Mail

* U.S./Non-U.S.

☐ U.S. ☐ Non-U.S.

* Home Address Line 1

Home Address Line 2

* City

* State

--Select State--

* Zip Code

* Country

--Select Country--

* Work Phone

Ext.

Home Phone

Cell Phone

* Preferred Contact

--Select Preferred Contact--

* Date of Birth

What is your sex?
Do you currently describe yourself as Male, Female or Transgender?

☐ Male ☐ Female ☒ Transgender ☐ None of the Above

What is your race? Check all that apply.

☐ American Indian, Native American, or Alaska Native

☐ Asian

- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Prefer Not to Answer

Are you Hispanic, Latino/a, or of Spanish origin?

☐ Yes ☐ No ☐ Prefer not to answer

if Hispanic, check all that apply.

- ☐ Mexican, Mexican American, Chicano/a
- ☐ Central American (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama)
- ☐ Cuban
- ☐ South American
- ☐ Other Hispanic, Latino/a, or Spanish origin - Please specify

Do you have a disability?

☐ Yes ☐ No ☐ Prefer not to answer

Are you deaf or do you have serious difficulty hearing?

☐ Yes ☐ No

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

☐ Yes ☐ No

Do you have serious difficulty walking or climbing stairs?

☐ Yes ☐ No

Do you have another type of disability?

☐ Yes ☐ No Please specify

How did you learn about the LRP? Please select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Conference Talk or Presentation | <input type="checkbox"/> Conference Exhibit | <input type="checkbox"/> Academic Journal or Publication |
| <input type="checkbox"/> Academic Advisor, Professor, or Mentor | <input type="checkbox"/> Another LRP Applicant/Awardee | <input type="checkbox"/> An LRP Ambassador |
| <input type="checkbox"/> Other colleague | <input type="checkbox"/> LRP Website | <input type="checkbox"/> LRP Flyer |
| <input type="checkbox"/> LRP Email/Listserv | <input type="checkbox"/> NIH Institute/Center Website, News Item, Talk, Exhibit, or Print Material | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other Source Please specify | |

How did you initially hear about the program?

---Select Initial Source---

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