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LRP Personal Information v1.0 ?

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

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Expand All * Required field(s)

Personal Information NIH 2674-1

* NIH Commons ID

ORCID

* First Name (Legal)

Middle Name (Legal)

* Last Name (Legal)

Suffix (Legal)

First Name (Other)

Middle Name (Other)

Last Name (Other)

Suffix (Other)

* 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

* Zip Code

* Country

* Work Phone Ext.

Home Phone

Cell Phone

* Preferred Contact

* Date of Birth

What is your sex? Male Female

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)

Puerto Rican

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.

Conference Talk or Presentation

Conference Exhibit

Academic Journal or Publication

Academic Advisor, Professor, or Mentor

Another LRP Applicant/Awardee

An LRP Ambassador

Other colleague

LRP Website

LRP Flyer

LRP Email/Listserv

NIH Institute/Center Website, News Item, Talk, Exhibit, or Print Material

Internet Search

Social Media

Other Source Please specify

How did you initially hear about the program?

---Select Initial Source---



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