Application for Butler-Williams Scholars Program

Paperwork Reduction Act Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0740). Do not return the completed form to this address.

OMB No.: 0925-0740 Expiration date: 11/30/2028

A red asterisk (*) indicates a required field.

*First Name

*Last Name

Suffix

*Phone

*Email

*Confirm email

*City:

*State/Territory

*Zip/Postal Code:

*Country

*Affiliation/Company/Institution/Organization:

*May we distribute your contact information to Butler-Williams Scholars Program speakers, participants, and to professional organizations that promote opportunities for Butler-Williams Scholars Program alumni to network and/or host aging research activities?

☐ Yes ☐ No

*Degree (check all that apply)

☐ MD/DO
☐ PhD
☐ DrPH
☐ ScD
☐ DDS/DMD
☐ PharmD
☐ PsyD
☐ DSW
☐ DVM
☐ Other (please specify below)

*Position/Career Stage (check all that apply)

☐ Postdoctoral Fellow
☐ NIA IRP Postdoctoral Fellow
☐ Research Fellow
☐ Adjunct Faculty
☐ Associate Professor
☐ Assistant Professor
☐ Tenure Track Faculty
☐ Tenured Faculty/Professor
☐ Other (please specify below)

Research Divisions & Contacts

*Select the NIA Division most suited to your research interests (1st Choice):

☐ Division of Aging Biology

☐ Division of Behavioral and Social Research

☐ Division of Geriatrics and Clinical Gerontology

☐ Division of Neuroscience

Select the next NIA Division suited to your research interests (2nd Choice - optional):

☐ Division of Aging Biology

☐ Division of Behavioral and Social Research

☐ Division of Geriatrics and Clinical Gerontology

☐ Division of Neuroscience

*Research Interests (150 words or less)

Briefly describe your area of research. Do not include hyperlinks.

*Statement (150 words or less)

Briefly describe your objective(s) for attending the Butler Williams Scholars Program. Do not include hyperlinks.

*Are you a US Citizen or Permanent Resident?

☐ Yes ☐ No

*Request for Reasonable Accommodations:

☐ No

☐ Yes, please specify:

*Have you applied to the NIA Butler-Williams Scholars Program prior to this submission?

☐ No

☐ Yes, please specify how many times:

References

*Name of Reference 1

Please indicate who will be submitting references for you

*Name of Reference 2

Please indicate who will be submitting references for you

Submit Supporting Documents

To complete your application, please submit the following four documents using the **NIA portal found here and by email** to NIABWSP@mail.nih.gov. ***Include your full name in the subject line and be sure to name your documents using the instructions below.*** Sending the documents in a single email is strongly preferred if possible.

The following files MUST be received by the application deadline (March 31, 2026) for your application to be considered:

1. Specific aims
2. **Two** letters of recommendation from professional references addressing the applicant's demonstrated ability and commitment to future research in the field. **Please indicate who will be submitting references for you in the "References" section above.**
3. Biosketch (in NIH format)

Attention:

Your four documents (*Specific Aims, Two Letters of Recommendation and Biosketch*) must be emailed at the time of submission for the application to be complete. Successful applications ***will not*** be reviewed without the supporting documents.

Please name your files using this format before sending:

lastname_firstname_aims.[ext]
lastname_firstname_rec1.[ext]
lastname_firstname_rec2.[ext]
lastname_firstname_bio.[ext]

Example: one of Dr. Jane Doe's recommendations should be named **doe_jane_rec1.pdf**

Acceptable file formats are: PDF, MS Word (.doc, .docx, or .rtf), ZIP (.zip), or plain text (.txt).

*File Upload

Maximum 4 files.
100 MB limit.
Allowed types: txt pdf doc docx rtf zip.

Select each file (up to four) you would like to include by multiselecting from your file browser for upload.

Drag files here or choose from folder

Submit