**-**

**GLOBAL HIV IMPLEMENTATION SCIENCE**

**RESEARCH TRAINING FELLOWSHIP**

**POST-DOCTORAL APPLICATION FORM**

**Application Components:**

1. Fellowship application (this document)
2. Curriculum vitae
3. Three academic or professional letters of reference sent to us by individuals familiar with your work
4. Transcripts of your undergraduate and graduate academic records (official or unofficial)
5. Statement of interest describing: your academic and career goals; training you wish to receive in this fellowship that will further these goals; your interest in studying HIV implementation science; training program faculty you are interested in working with; and specific research questions you wish to address
6. Writing sample (PDFs of single author publications, unpublished papers for courses, relevant excerpts of Doctoral dissertation, or other writings that may be helpful in evaluating your capabilities and interest.)

All applications components should be emailed to icap-training-program@cumc.columbia.edu. Applications will be accepted and reviewed on a rolling basis.

Please complete this application by typing the requested information in the box provided or by placing “x” in the box.

1. Name (First, Middle, Last):

2. Current address (street, city, state, zip code):

3. Permanent address (if different from current):

4. Telephone number:

5. Email address:

6. Citizen of US: [ ]  Yes [ ]  No

7. If no, are you lawfully admitted into the US and have an Alien Registration Receipt Card (e.g., I-551)?

 [ ]  Yes [ ]  No

8. Select one or more of the following racial and/or ethnic categories to describe yourself:

[ ]  American Indian/Alaska Native

[ ]  Asian

[ ]  Black/African American

[ ]  Hispanic American

[ ]  Native Hawaiian or other Pacific Islander

[ ]  White

[ ]  Other (specify)

[ ]  Do not wish to provide

9. Are you Hispanic (or Latino)? [ ]  Yes [ ]  No [ ]  Do not wish to provide

10. Do you have a disability? [ ]  Yes [ ]  No [ ]  Do not wish to provide

10a. If yes, which of the following categories describes your disability(ies)?

 [ ]  Hearing [ ]  Mobility/Orthopedic Impairment [ ]  Visual [ ]  Other

11. Are you from a disadvantaged background\*? [ ]  Yes [ ]  No [ ]  Do not wish to provide

\* Individuals from a disadvantaged background are defined as those from families with an annual income below established low-income thresholds, published [here](http://aspe.hhs.gov/poverty/index.shtml). Applicants must demonstrate that they have: a) qualified for Federal disadvantaged assistance; or b) received any of the following student loans: Health Professional

Student Loans (HPSL), Loans for Disadvantaged Student Program; or have received scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.

12. Please list your undergraduate and graduate degrees, the institution from which you received your degrees, your major/minor and graduation dates.

Graduate Degree:

Institution:

(Expected) graduation date (month/year):

Undergraduate Degree:

Institution:

Major/Minor:

Graduation date (month/year):

13. Where did you first learn of this Fellowship Program?

[ ]  Journal advertisement: which one?

[ ]  Brochure/flyer

[ ]  Website: which one?

[ ]  Electronic mailing from organization: which one?

[ ]  Scientific meeting: which one?

[ ]  Personal recommendation(s): from whom?

[ ]  Other, please specify:

14. Do you presently have or have you been notified that you will receive any fellowships or grants that will overlap with the Global HIV Implementation Science Research Training Fellowship? [ ]  YES [ ]  NO

If yes, from what source?

If you any have questions, please contact: icap-training-program@cumc.columbia.edu.