**Fellowship 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), Graduate Record Examinations and/or Medical College Aptitude Test
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; and specific research questions you wish to address
6. Writing sample (PDFs of publications, unpublished papers for courses, relevant excerpts of Master’s thesis or Doctoral dissertation, or other writings that may be helpful in evaluating your capabilities and interest)

Completed applications should be emailed to [icap-training-program@columbia.edu](file:///C%3A%5CUsers%5Cpwc2%5CDocuments%5CT32%20trng%20program%5Capplication%5Cicap-training-program%40columbia.edu). All application components are due by **Friday, December 15, 2017**.

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

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 doctoral degree, the institution from which you received your degree, the year, the title of your doctoral thesis, and the name of your advisor. If you have not yet completed work toward your degree, include
the month/year you expect to finish.

Degree:

Institution:

(Expected) graduation date (month/year):

(Provisional) title of doctoral thesis:

Advisor:

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?

**For more information on the program, please email Ms. Elizabeth Pierre at** [**ep2821@columbia.edu**](file:///C%3A%5CUsers%5Cep2821%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CB0CFQHC3%5Cep2821%40columbia.edu)**.**