

Applicant Information

Complete the application form entirely. All fields are required, unless stated otherwise.

First Name: Last Name:

Citizenship: Phone Number:

Current Address: Email Address:

Current Institution: Gender:

Department or Graduate Program:

Date Started Current Graduate Program: Graduate GPA:

Name of Primary Mentor/Advisor:

Name of Primary Mentor if **"Other"**:

Name of Co-Mentor/Advisor (Required):

Name of applicant's Dept. Admin.

Dept. Admin. Phone: Dept. Admin. Email Address:

Testing Information

GRE General: Verbal Raw: Verbal Percentile:

Quantative Raw: Quantative Percentile:

Analytical Raw: Analytical Percentile:

GRE Subject: Subject Name: Raw Score: Percentile:

Education

Education History - Begin with the most recent (prior to your current program)

Institution #1: Degree: Degree Date:

Field of Study: GPA:

Institution #2: Degree: Degree Date:

Field of Study: GPA:

Institution #3: Degree: Degree Date:

Field of Study: GPA:

Research Information

Department of Primary Mentor/Advisor:

Research Experience prior to entering current program (Number of months):

Are you able to commence support from this Fellowship 11/01/2021?

If not, name the earliest possible start date:

Provide six key words

describing your research:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Project Information

Project Title:

Detailed instructions for submitting Project information. [Create a Word document with the following section headers:](#)

- 1. Project Description (max 750 words):** Explain the biological problem you are addressing, and the pharmacological approaches you are using to solve it.
- 2. Layperson's Project Description (max 250 words):** Note, a layperson's description is a simple description that would be understandable by someone with only a basic science background. It is for general purposes only and should describe relevance to human health.
- 3. Mentoring Plan (max 500 words):** Provide a brief description of the plan you and your primary mentor have jointly developed to achieve your stated career goals. Include any anticipated didactic course work, anticipated research training, enrichment activities and personal development (e.g. writing and speaking skills), professional meetings to be attended, etc. The plan should include an estimated timeline for completion of the graduate training program and specific milestones to be achieved. Include the use of an Individual Development Plan (IDP). Again, this plan should be jointly developed by you and your mentor (mentor will confirm this in his/her Recommendation Letter).
- 4. Grant Support:** List any current or previous grant support (federal or otherwise) supporting your project/stipend, including any previous or current training grant or training fellowship support. Include the project title, grant sponsor, total award amount, and dates of support.

Current Degree Plan

Anticipated PhD Subject Area:

Anticipated Degree Month/Year:

Have you taken a biomedical ethics course in the Responsible Conduct of Research (RCR)?

No. If no, what course do you plan to take and when?

Yes. If yes, please provide name of course, where taken, and when it was completed.

Additional Applicant Information (OPTIONAL):

Responses to the following items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background. **Trainees, scholars, and participants are strongly encouraged to provide this information, however declining to do so will in no way affect the outcome of their application.**

What is your Racial Background? Native American or Native Alaskan White Do Not Wish to Provide
 Select all that apply. Asian Native Hawaiian or Other Pacific Islander
 Black or African American Other:

Are you Hispanic (or Latino)? *Note - 'Hispanic or Latino' refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."*

Do you have a disability? *Note - A 'disability' is a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990.*

If so, you may add additional information here about your disability, however this field remains entirely OPTIONAL.

Applicant's Signature

Checking this box is considered the equivalent to your signature.

I certify that the information submitted in this application is complete and correct to the best of my knowledge, and I waive the right to see recommendation letters submitted on my behalf.

TIPS Fellowship Application Submission CHECKLIST

Please make sure you have completed and submitted all of the following components of your application. Follow the [additional instructions online](#) for required content of the Project Information document, resumes, and transcripts. Trainees, please send all application materials in one email to Melissa Glueck glueck@rice.edu

Have you...

- Requested mentor and co-mentor recommendation letters? (See [online instructions](#) for required content of the letter. Mentors should email them directly to glueck@rice.edu.)
- Requested two additional Letters of Recommendation? (These letters can be from anyone else other than your mentor. Recommenders should email them directly to glueck@rice.edu.)
- Completed and included the TIPS fellowship application form (this PDF)?
- Completed and included the Project Information Word document?
- Included a current resume, CV, or [NIH-style Biosketch](#)? (Download the biosketch; do not ask for access.)
- Included all undergraduate and graduate transcripts?
- Included proof of eligibility: scan of passport or birth certificate; or permanent resident card?

Application Form Completion

Please download a copy of this form to your desktop first. You may encounter issues if opening the form directly from your browser (some do not support the form fields). **Once you have completed the form, you must save a copy by selecting the "PRINT" option and choosing "SAVE AS PDF."** Once submitted, you will not be able to make changes.