

Applicant Information

Complete the application form entirely. All fields are **REQUIRED**. State 'N/A' if not applicable.

Please download a copy of this form to your desktop first.

*****IMPORTANT, PLEASE READ.** Prior to completing this application, YOU and your MENTOR must contact the designated HAMBP Steering Committee member at your institution (from the drop down list below) to discuss the appropriateness of your project.

First Name: _____ Last Name: _____

Birthdate: _____ Citizenship: _____

Work email address: _____ Cell Number: _____

Current Address: _____ Personal Email Address: _____

Current Institution: _____ Gender: _____

Department or Graduate Program: _____

Date Started Current Graduate Program: _____ Graduate GPA: _____

Name of Primary Mentor/Advisor: _____

Co-Mentor/Advisor (If applicable): _____

Department Administrator (name, email, phone number): _____

IMPORTANT: Did you or your mentor contact your HAMBP steering committee institutional representative to discuss your project prior to preparing this application?

If **YES**, please select the name of Institutional Representative contacted:
If **NO**, please **DO NOT PROCEED** with the application until you have completed this step.

Testing Information

GRE General: _____ or MCAT (if applicable)

Optional Verbal Raw: _____ Quantitative Raw: _____ Analytical Raw: _____

Verbal Percentile: _____ Quantitative Percentile: _____ Analytical Percentile: _____

GRE Subject: _____

Subject Name: _____ Raw Score: _____ Percentile: _____

Education

Education History - Begin with the most recently completed degree program

Institution #1:	Degree:	Degree Date:
Field of Study:		GPA:
<hr/>		
Institution #2:	Degree:	Degree Date:
Field of Study:		GPA:
<hr/>		
Institution #3:	Degree:	Degree Date:
Field of Study:		GPA:

Research Information

Primary Mentor/Advisor's Current Institution:

Department of Primary Mentor/Advisor:

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

**Include research starting after you completed high school, up until you began your PhD program.*

Are you able to commence support from this Fellowship 07/01/2022?

Provide four key words
describing your research:

Project Information

Project Title:

Detailed instructions for submitting Project information. For this section, please send the following as a Word document to jessica.poli@rice.edu with the following section headers:

- 1. Project Description (max 1,000 words):** Explain the biological problem you are addressing, and the biophysical approaches you are using to solve it.
 - 2. Layperson's Project Description (max 250 words):** This 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 your projects
 - 3. Career Goals (max 500 words):** Describe your overall career goals and how they relate to HAMBP. Describe the education, training, and other career development experiences you will need to achieve your career goals and how HAMBP will help you achieve them.
 - 4. Mentoring Plan (max 500 words):** Provide a brief description of the plan you and your mentor have jointly developed to achieve your career goals. Include any anticipated didactic course work, 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).
 - 5. 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 PhD Month/Year:

Have you taken an 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 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?

Please use Command or Control buttons to select more than one.

If Other, please clarify.

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.

Please Initial:

Today's Date:

HAMPB Fellowship Application Submission CHECKLIST

Please make sure you have completed all of the following components of this Application for full consideration into the HAMPB fellowship program. You may send all application material to the attention of Jessica Poli (jessica.poli@rice.edu) and refer to the **Additional Online Instructions** [here](#).

Have you...

- **Completed the HAMPB fellowship application form (this PDF)?**
- **Completed the Project Information document? Is it attached?**
- **Requested a Mentor Recommendation Letter?**
(This letter should be sent directly from the mentor to jessica.poli@rice.edu. View detailed instructions online for the required content of this letter.)
- **Requested Two additional Letters of Recommendation?** *(These letters can be from anyone else other than your mentor and should also be sent directly from the recommender to jessica.poli@rice.edu)*
- **Sent Transcripts?**
- **Sent a current resume (CV)?**
- **Sent proof of citizenship (e.g. copy of passport/resident card/birth certificate)?**

Application Completion and Submission Instructions

Please download a copy of this form to your desktop first. You may encounter issues if opening the form directly from your browser. **Once you have completed this form, save a copy by selecting the "PRINT" option, then "SAVE AS PDF"** then send it as an attachment to [Jessica Poli](mailto:jessica.poli@rice.edu) (jessica.poli@rice.edu), along with any other attachments. Once submitted, you will not be able to make changes.