

## 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 HAMPB 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:

Secondary Mentor(If applicable):

Department Administrator (name, email, phone number):

**IMPORTANT: Did you or your mentor contact your HAMPB 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

or MCAT (if applicable)

GRE General:

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:

Institution #2:

Degree:

Degree Date:

Field of Study:

GPA:

Institution #3:

Degree:

Degree Date:

Field of Study:

GPA:

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**Research Information**

Primary Mentor/Advisor's Current Institution:

Department of Primary Mentor/Advisor:

Are you able to commence support from this Fellowship on July 1?

If not July 1, in what month can you start: \_\_\_\_\_

Provide four key words  
describing your research:

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**Project Information**

Project Title:

**Detailed instructions for submitting Project information.** For this section, please send the following as a Word document to [elizabeth.lawrence@rice.edu](mailto:elizabeth.lawrence@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 project's relevance to human health.
- 3. Career Goals (max 500 words):** Describe your overall career goals and how they relate to HMBP. Describe the education, training, and other career development experiences you will need to achieve your career goals and how HMBP 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. Your mentor should confirm this collaboration in his/her Recommendation Letter. 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).
- 5. Grant Support:** List the funding source for each year since you started graduate school. Include your current stipend support, including any NIH previous or current training grant or training fellowship support. Include the grant number, grant funder, stipend amount, and dates of support.

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**Current Degree Plan**

PhD Subject Area:

Anticipated Graduation 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.

**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)? *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.*

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

**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:

**HMBP Fellowship Application Submission CHECKLIST**

**Please make sure you have completed all of the following components of this application so that your HMBP application is complete.** Send all application materials in one email to Elizabeth Lawrence ([elizabeth.lawrence@rice.edu](mailto:elizabeth.lawrence@rice.edu)).

**Have you...**

- Completed the HMBP 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 [elizabeth.lawrence@rice.edu](mailto:elizabeth.lawrence@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 [elizabeth.lawrence@rice.edu](mailto:elizabeth.lawrence@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 Elizabeth Lawrence ([elizabeth.lawrence@rice.edu](mailto:elizabeth.lawrence@rice.edu)), along with any other attachments. Once submitted, you will not be able to make changes.