

# TL1 MEDICAL SCIENTIST TRAINING

Emory University

Date: \_\_\_\_\_

## **Applicant**

Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Degree Program: \_\_\_\_\_

The following questions regarding race/ethnicity and disadvantaged background are required for NIH reporting:

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Race:

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian/Other Pacific Islander

\_\_\_\_\_ Black

\_\_\_\_\_ White

\_\_\_\_\_ More than one Race

Ethnicity: \_\_\_\_\_ Hispanic

Are you from a disadvantaged background: \_\_\_\_\_

## **Research and Mentoring**

Title of Research Project:

\_\_\_\_\_

\_\_\_\_\_

Name of Lead Mentor: \_\_\_\_\_

Mentor's E-mail Address: \_\_\_\_\_

Mentor's ERA Commons Username: \_\_\_\_\_

Mentor's Area of Specialty: \_\_\_\_\_

By signing below, I am indicating that I will not be supported by any other NIH awards during my TL1 appointment:

\_\_\_\_\_

Applicant's Signature