



DALE F. FREY AWARD FOR BREAKTHROUGH SCIENTISTS

Application Cover Sheet

Complete all sections of this form.

FELLOW

NAME:		DEGREE:	DR SPONSOR:
TELEPHONE:	CELL:		DR PROJECT TITLE:
EMAIL:			
INSTITUTION:			
DEPARTMENT AND ADDRESS:			
DR FELLOWSHIP AWARD TERM:			HAVE YOU ACCEPTED AN INDEPENDENT POSITION ELSEWHERE? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, PLEASE PROVIDE: • START DATE: • TITLE: • INSTITUTION/ORGANIZATION:
DR AWARD NUMBER:			FELLOW'S SIGNATURE:

Dear Applicant,
We invite you to complete our applicant demographic survey.
Responses to the questions below are optional.

1. What are your pronouns? Please check all that apply.

☐ He/him/his

☐ She/her/hers

☐ They/them/theirs

☐ Prefer not to answer

☐ Other/Prefer to self-describe:

2. Which best describes your gender identity? Please check all that apply.

☐ Man

☐ Woman

☐ Transgender

☐ Non-binary

☐ Prefer not to answer

☐ Other/Prefer to self-describe:

3. How do you describe yourself? Please check all that apply.

☐ Alaska Native or American Indian or Indigenous or Native American

☐ Asian or Asian American

☐ Black, African, Afro-Caribbean or African American

☐ Hispanic/Latina/o/e/x or of Spanish origin

☐ Middle Eastern or North African

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Prefer not to answer

☐ Other/Prefer to self-describe:

4. Are you the first generation in your immediate family to graduate from a 4-year undergraduate institution?

☐ Yes

☐ No

☐ Prefer not to answer

5. Do you consider yourself to be from a disadvantaged socioeconomic background? If yes, please address this in your Personal Statement.

☐ Yes

☐ No

☐ Prefer not to answer