

Application Cover Sheet- Page 1

Quantitative Biology Fellowship Award

Complete all sections. Electronic/scanned signatures are acceptable.

CO-MENTOR 1

NAME:		DEGREE:	INSTITUTION:
TITLE:		GENDER:	DEPARTMENT AND ADDRESS:
TELEPHONE:	EMAIL:		

CO-MENTOR 2

NAME:		DEGREE:	INSTITUTION:
TITLE:		GENDER:	DEPARTMENT AND ADDRESS:
TELEPHONE:	EMAIL:		

CANDIDATE

NAME:		GENDER:	MONTH AND YEAR JOINED / WILL JOIN SPONSOR'S LAB:	
CURRENT INSTITUTION:			OTHER AGENCIES APPLICATION SUBMITTED TO:	
CURRENT ADDRESS:			PROPOSAL TITLE:	
CELL PHONE:	EMAIL:		CITIZENSHIP:	BIRTH DATE:
DOCTORAL DEGREE:			MONTH AND YEAR OF CONFERRAL:	

FISCAL OFFICER (Co-Mentor 1 Institution)

NAME:		GENDER:	INSTITUTION:
TITLE:		ADDRESS:	
TELEPHONE:	EMAIL:		
			FISCAL OFFICER'S SIGNATURE:

Application Cover Sheet- Page 2
Quantitative Biology Fellowship Award

Complete all sections. Attach additional pages if necessary. Electronic/scanned signatures are acceptable.

APPROVED BY EXECUTIVE OFFICER (Co-Mentor 1 Institution)

NAME:		GENDER:	INSTITUTION:
TITLE:			ADDRESS:
TELEPHONE:	EMAIL:		
EXECUTIVE OFFICER'S SIGNATURE:			

To be completed by Co-Mentors:
The candidate wrote _____% of the proposal.
Comments (optional):

To be completed by Candidate:
Provide a written statement testifying that adequate safety precautions will apply for projects that involve any biohazards (e.g., recombinant DNA, chemical carcinogens) and that the research project has been (or will be) approved by the appropriate Institutional Review Board, Institutional Animal, Care and Use Committee, and/or Biohazards Committee.

Postdoctoral training in the same institution in which the candidate received their degree is discouraged, particularly if it is in the same department. If applicable, please address the reason(s) for remaining in same institution.

Application Cover Sheet- Page 3
Quantitative Biology Fellowship Award

FISCAL OFFICER *(Co-Mentor 2 Institution, IF DIFFERENT FROM CO-MENTOR 1)*

NAME:		GENDER:	INSTITUTION:
TITLE:		ADDRESS:	
TELEPHONE:	EMAIL:		
			FISCAL OFFICER'S SIGNATURE:

APPROVED BY EXECUTIVE OFFICER *(Co-Mentor 2 Institution, IF DIFFERENT FROM CO-MENTOR 1)*

NAME:		GENDER:	INSTITUTION:
TITLE:		ADDRESS:	
TELEPHONE:	EMAIL:		
			EXECUTIVE OFFICER'S SIGNATURE:

CO-MENTOR'S SIGNATURE	DATE
CO-MENTOR'S SIGNATURE	DATE
CANDIDATE'S SIGNATURE	DATE
CANDIDATE'S LAST NAME:	

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