



APPLICATION FOR THE MINORITY HIV RESEARCH TRAINING PROGRAM

Summer 2015 Application

APPLICATION DEADLINE: 5:00 pm on Friday, February 6, 2015

Instructions for Completion of Application

Applications will be considered only if:

1. They are received by 5:00p on Friday, February 6, 2015
2. All items required have been received:
 - a. This completed application form, typed or printed clearly, signed and dated
 - b. Copy of your current curriculum vitae or resume
 - c. Copies of transcripts from all schools or universities attended (these may be sent via e-mail to: brinn@case.edu. Your name should be referenced in the email subject line.). Unofficial copies of transcripts will be accepted.
 - d. Two letters of reference (these may be sent via e-mail to: brinn@case.edu. Your name should be referenced in the email subject line.)

APPLICANT CONTACT INFORMATION

Last name: _____ First Name: _____ M.I.: _____

Address: _____

Telephone: _____ E-mail: _____

Gender: Male _____ Female _____ MARC Student: _____

Will University Housing be required? Yes _____ No _____

ETHNIC/RACIAL INFORMATION

For purposes of this program, underrepresented minorities are those who self-identify as American Indian or Alaskan Native, black or African American, Hispanic or Latino, and Native Hawaiian and other Pacific Islander.

Please check those categories that apply:

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: Native American/American Indian _____ Alaskan Native _____
 Black or African American _____ Hawaiian Native _____
 Other Pacific Islander _____

CITIZENSHIP INFORMATION

Date and place of birth: _____

Are you a United States citizen? Yes: _____ No: _____

If no, do you have a green card or are you a non-citizen national? Yes: _____ No: _____

EDUCATION

Institution	Major	GPA	Dates
(Current Institution)			

RESEARCH GOALS

Please describe your particular area of interest in HIV research.

MENTORING

A list of CWRU CFAR members is available for your review at the CFAR website at: <http://casemed.case.edu/cfar>. After reviewing the list please identify two CFAR members you are interested in mentoring with and explain why you are interested in working with them (what is it about their research that interests you?). **Please do not contact potential mentors**, only identify who you would be interested in working with on the application.

The two CFAR members I would like to mentor with (and the reasons for my selection) are:

- 1)
- 2)

ACADEMIC GOALS

Briefly describe your academic goals after graduation. How do you plan on pursuing your career in HIV Research?

REFERENCES

Please ask the people whom you list below to submit letters of reference on your behalf via email to:

CWRU/UH CFAR

Attn: Brinn Omabegho for MHRTP

Email address: brinn@case.edu (The name of the applicant should be referenced in the email subject line.)

1) _____
Name, Title, Institutional Affiliation

2) _____
Name, Title, Institutional Affiliation

All application materials, including letters from referees, must be received by February 6, 2015.

AFFIRMATIONS

I hereby affirm that all the information I submit in this application, and in support of it, is complete and true to the best of my knowledge and belief. I also affirm that I will be able to participate in the program for the period of June 7, 2015 through July 31, 2015, and that I will provide a final report of my research project.

Signature: _____ Date: _____

APPLICATION SUBMISSION

To ensure timely receipt of all materials we encourage application submission via email to:

CWRU/UH CFAR
Attn: Brinn Omabegho for MH RTP
Email address: brinn@case.edu
Be sure to include applicant's name in subject line of all emails

Alternatively, applications may be mailed to:

Ms. Brinn Omabegho
Center for AIDS Research
Case Western Reserve University
10900 Euclid Avenue
Wood Building, Room W200; LC 4960
Cleveland, OH 44106

QUESTIONS

Should you have any questions or concerns please contact Brinn Omabegho (phone 216-368-3915; email brinn@case.edu)