

**UTHEALTH – CPRIT INNOVATION IN CANCER PREVENTION RESEARCH
POSTDOCTORAL FELLOWSHIP APPLICATION FORM: PART 1**

PLEASE NOTE: We strongly encourage members of underrepresented minority groups and those with disadvantaged backgrounds to apply. Also, our funder allows fellows to be noncitizen nationals who hold student or other visas. All trainees must reside in Texas during the fellowship and be officially enrolled in a collaborating UTHealth school: Public Health, Biomedical Informatics, McGovern Medical School or Graduate School of Biomedical Sciences.

Name: _____
last or family name first middle name you go by

Current: _____

Address: _____

Permanent Address: _____

Phone: home: _____ office: _____ cell: _____

E-mail 1: _____ **E-mail (Permanent):** _____

How did you hear about the program? Select all that apply.

1. Flyer, TV Monitor, Newsletter
2. Mentor/Advisor
3. Other faculty member
4. Current/CPRIT fellow/alum
5. Other, please specify _____

NOTE: This is Part 1 of a 2-part process. Part 1 is used for a preliminary screening of applicants. Part 2, interviews, is by invitation.

Are you applying to be: Full-time Postdoctoral Fellow Affiliate Postdoctoral Fellow*

If you are applying to be a new postdoc, list the name, department, and school of the proposed mentors: _____

If you are a continuing postdoc, how many months have you been a postdoc? _____

Name, Department, and School of current mentor(s): _____

*Postdoctoral affiliate fellows (with salary support from employment or other cancer research fellowships) receive the benefits listed on the website EXCEPT stipend support and student health insurance.

Colleges/Universities Attended

List all colleges and universities attended, beginning with the current/most recent institution.

Institution, school, location (dissertation supervisor)	Dates attended (month/year)	Major field of study	Degree	Date awarded/ expected (month/year)	Date transcript requested *

Other Training

List other training experience, beginning with the current/most recent institution.

Institution, school, location	Dates attended (month/year)	Type of experience (e.g., residency)	Area of specialty	Supervisor

References

List letters of reference and rating forms you have requested. (Provide name, degree, title, institution, telephone numbers, and e-mail address.)

Letters should be on letterhead. Letters and rating forms should both be signed and sent as a pdf to CPRITFellowships@uth.tmc.edu.

1. Current preceptor

Name, degree: _____
Title, institution: _____
Telephone: _____ E-mail: _____

2. Dissertation supervisor or equivalent. (If your dissertation is not yet complete, your supervisor should provide a progress report and estimated date for completing all degree requirements.)

Name, degree: _____
Title, institution: _____
Telephone: _____ E-mail: _____

3. Third reference

Name, degree: _____
Title, institution: _____
Telephone: _____ E-mail: _____

Instructions for the Essay Questions

Please address all of the essay questions in one document and with the title “Last Name_First Name Essays.pdf”. Be sure to number your responses for clarity and submit as a PDF document to CPRITFellowships@uth.tmc.edu.

The essays help us understand our applicants better and determine how well our program matches applicants and their expectations. Before responding, be sure to review the goals of the fellowship and other materials on the website at go.uth.edu/innovation.

If possible, attend an information session (schedule posted on the webpage) or view a recording (to be posted on the webpage). It is also helpful if you review drafts with your advisor. The reviewers of your essays will come from a variety of backgrounds. Your essays *should be written so that they can be understood by someone outside of your field*, and organized as follows:

1. Brief description of your academic studies and research and/or clinically applied work experience and potential application to cancer prevention research. (300 words or less)
2. Your ideas for a research project, its significance and innovation for cancer prevention research, and its fit with the fellowship program. (300 words or less)
3. Your long-term career objectives and how the opportunities provided in the fellowship will assist you in achieving those objectives. Potential career domains may include academia, care delivery, entrepreneurship, industry, public health, research, or others. (250 words or less)
4. Your most significant achievement, individually or a part of a team, in the past 5 years. (This doesn't need to be in the academic realm.) Why do you value it, and what do you think it tells us about you? (250 words or less)
5. Describe a time when you faced an educational or employment challenge, setback, or failure. How did you address the situation? What did you learn about yourself? (250 words or less)

Additional Information

Other surnames you have used that are relevant to the application: _____

Country of birth: _____

Country of citizenship: _____

If you are not a U.S. citizen, are you classified by Immigration and Customs Enforcement (ICE) as a “permanent resident” or “alien resident” of the United States? Yes No

If you are not a U.S. citizen or resident, do you hold a student visa? Yes No
If no, what visa do you hold? _____

Have you ever been convicted of a felony? Yes No
If yes, please give details including dates: _____

The following information is used for our statistical reports to the funding agency:

Gender Male
Female
Non-binary
Prefer not to answer

Race African American/Black
American Indian/Native Alaskan
Asian
Native Hawaiian/Pacific Islander
White
Mixed Race

Latino/Hispanic Yes No

Ethnicity _____

Other Background:

- Language barriers? Yes No
- Financial hardship? Yes No
- Educational barriers? Yes No
- First generation (immediate family) college student? Yes No

• U.S. veteran?

Yes

No

You are invited to share information about any barriers or hardships in your background such as growing up in an underserved area, enrollment in a social service program, foster care, period of homelessness, disability, interruption in education because of military deployment:

Please read the following statement carefully before signing:

I understand that all application materials become the property of the institution and will not be returned. I also understand that the institution is not obligated to furnish me with duplicate copies. I understand that the information submitted herein will be relied upon by the Program to determine my eligibility for appointment and training. I authorize the institution to verify the information I have provided. I understand that any evaluations or verifications made with respect to this application are confidential and will not be disclosed to me. I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge that the submission of any false information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation, or appropriate disciplinary action after appointment.

Signature: _____ Date: _____

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POSTDOCTORAL FELLOWSHIP APPLICANT RATING FORM AND INSTRUCTIONS FOR LETTERS OF RECOMMENDATION

Reference Ratings	Not Observed	Poor (1)	Below Average (2)	Average (3)	Good (4)	Excellent (5)
Intellectual Ability						
Interpersonal Relations						
Leadership						
Oral Communication						
Written Communication						
Problem Solving Ability						
Creativity						
Curiosity						
Ability to Work with Members of other Disciplines						
Academic Productivity						
Ability to Master New Ideas & Skills						
Tenacity						

Please focus your letter on the highest ratings you gave to the applicant and on the lower ratings. We are particularly interested in intellectual ability, creativity, curiosity, ability to work across disciplines, and tenacity. Email the completed rating sheet and reference letter to cpritifellowships@uth.tmc.edu as a PDF, and subject the email with the applicant's information: Last name_First name_Reference Materials

POSTDOCTORAL FELLOWSHIP APPLICATION CHECKLIST

Applicant's checklist for required application materials:

Please submit electronically to CPRITFellowships@uth.tmc.edu by April 1st, 2022 @ 11:59 PM (CDT).

Please **subject** the emails as such: **Last_First_App Materials**

- Curriculum Vitae, with name in top corner of each continuation page; label file: Last_First_CV_YYYY-MM-DD.doc
- Essays; label file: Last_First_Essays.doc
- Official transcripts from all academic institutions, including UTHealth institutions
If your transcripts are on file with your current school, you can request that they be mailed to CPRITFellowships@uth.tmc.edu.
- 3 letters of reference and rating sheets, at least 2 academic, including 1 from your postdoc preceptor and 1 from your dissertation supervisor, each signed and on letterhead. They should be sent a .pdf CPRITFellowships@uth.tmc.edu
- Two first-authored academic writing samples, one from the dissertation or recent work; label files: Last_First_Writing1.doc and Last_First_Writing2.doc