

**UTHealth Houston – CPRIT Innovation in Cancer Prevention Research**

**Predoctoral Fellowship Application Form**

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| **Please Note:** Individuals who were first in their family to attend college, have faced financial hardship, or were underserved are encouraged to apply. We are able to allow 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: School of Public Health, School of Biomedical Informatics, McGovern Medical School or Graduate School of Biomedical Sciences.  |

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| **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 **🞏** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**How many months have you been enrolled as a doctoral student?****What milestones have you completed in your doctoral program?**

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| **Are you applying to be:** |  Full-time Predoctoral Fellow |  |   | Affiliate Predoctoral Fellow\* |  |  |

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**Name, department, and school of current mentor(s). Please also provide a biosketch for your primary mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.**

**Colleges/Universities Attended**

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

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| **Full name of institution, location** |  | **Dates attended (month/year)** |  | **Major field of study** |  | **Degree** |  | **Date awarded or expected (month/year)** |  | **Date transcript requested\*** |
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**Training**

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

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| **Full name of institution, location** |  | **Dates attended (month/year)** |  | **Type of experience (e.g., residency)** |  | **Area of specialty** |  | **Supervisor** |
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**References**

List letters of reference and rating forms you have requested.

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

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| 1. Academic advisor or Dissertation Supervisor (Indicate which one)
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| Name, degree: |  |
| Title, institution: |  |
| Telephone: |  | E-mail: |  |
| 1. Other academic reference
 |
| Name, degree: |  |
| Title, institution: |  |
| Telephone: |  | E-mail: |  |
| 1. 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 [go.uth.edu/innovation](https://sph.uth.edu/research/opportunities/cprit-fellowship/%22%20%5Cl%20%22TID-a5d62fcb-d826-4b10-8cf4-c76dd0d8e6ed-2). If possible, attend an information session (schedule to be 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. Your essays should be 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. A 1-2 page description of your ideas for a research project, its significance and innovation for cancer prevention research, and its fit with the goals of the fellowship program.

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 as 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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 **🞏** | 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  |
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| 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:

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| 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 **🞏** |

Disability Yes **🞏** No **🞏** Prefer not to answer **🞏**

Other Background:

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|  * Growing up, did you speak a language other than English at home?
 | Yes **🞏** No **🞏** |
| * Are you the first member of your immediate family to complete an undergraduate degree?
 | Yes **🞏** No **🞏** |
| * Have you or your family ever experienced financial hardship
 | Yes **🞏** No **🞏** |
| Please explain: |  |
|  |  |
| * Are you a 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Predoctoral Fellowship Application Checklist**

**Applicant’s checklist for required application materials:**

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| ***Please submit electronically to*** CPRITFellowships@uth.tmc.edu ***Please subject the emails as such: Last\_First\_App Materials*** |
|  | Curriculum Vitae, with name in top corner of each continuation page; label file: LastName\_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 as a pdf to CPRITFellowships@uth.tmc.edu. (If you have attended UTSPH, please request that comment cards be sent with your transcript.) |
|  | Graduate Record Examination scores (or comparable graduate exam) |
|  | Note: if these are no longer available, please send a photocopy of your original score report. |
|  | 3 letters of reference, at least 2 academic, including 1 from your academic advisor, each signed and on letterhead. They should be sent as a pdf to CPRITFellowships@uth.tmc.edu.  |
|  | Two first-authored academic writing samples; label files: LastName\_First\_Writing1.doc and Last-Name\_First\_Writing2.doc |
|  | Biosketch of current primary mentor |
|  | Current IDP (independent development plan) if available |