

**UTHEALTH – CPRIT INNOVATION IN CANCER PREVENTION RESEARCH  
PREDOCTORAL 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 Predoctoral Fellow  Affiliate Predoctoral Fellow\*

**How many months have you been enrolled as a doctoral student?** \_\_\_\_\_

**What milestones have you completed in your doctoral program?** \_\_\_\_\_  
\_\_\_\_\_

**Name, Department, and School of current advisor(s):** \_\_\_\_\_  
\_\_\_\_\_

\*Predoctoral 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](mailto:CPRITFellowships@uth.tmc.edu).

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1. Academic advisor or dissertation supervisor (Indicate which one)

Name, degree: \_\_\_\_\_

Title, institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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2. Other academic reference

Name, degree: \_\_\_\_\_

Title, institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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3. Third reference

Name, degree: \_\_\_\_\_

Title, institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## 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](mailto: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](http://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 dissertation or ancillary 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:

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**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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**PRE/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 [cpritfellowships@uth.tmc.edu](mailto:cpritfellowships@uth.tmc.edu) as a PDF, and subject the email with the applicant’s information: Last name\_First name\_Reference Materials

## PREDOCTORAL FELLOWSHIP APPLICATION CHECKLIST

### Applicant's checklist for required application materials:

**Please submit electronically to [CPRITFellowships@uth.tmc.edu](mailto:CPRITFellowships@uth.tmc.edu) by Friday, October 4<sup>th</sup>, 2021 @ 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: 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 emailed as a pdf to [CPRITFellowships@uth.tmc.edu](mailto:CPRITFellowships@uth.tmc.edu). (If you have attended UTSPH, please request that comment cards be sent with your transcript.)
- 3 letters of reference and rating sheets (attached), 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](mailto:CPRITFellowships@uth.tmc.edu).
- Two first-authored academic writing samples; label files: LastName\_First\_Writing1.doc and LastName\_First\_Writing2.doc