



**University of North Carolina Institute on Aging
Carolina Program in Health and Aging Research
PRE-DOCTORAL AND POST-DOCTORAL FELLOWSHIP PROGRAM**

2012-2013 Application for Predoctoral and Postdoctoral Fellowship

APPLICANT INFORMATION			
Applicant Name			
Last Name	First	Middle	
Permanent Address			
Street	City	State	Zip
Telephone			
Home	Work	Mobile	Fax
E-mail		Last 4 Digits of SS#	Date of Birth (dd/mm/yy)

It is our policy with respect to employment terms and conditions and educational programs not to discriminate on the basis of age, sex, race, color, national origin, religion, disability, or sexual orientation. Citizenship and residency information is required to determine eligibility for funding. Information on race, ethnicity, disability, and disadvantaged background is voluntary and is used by the federal government to provide program statistics and identify inequities. For more information, see < <http://www.unc.edu/campus/policies/nondiscrim.html> > and < <http://grants1.nih.gov/training/phs2271.pdf> >.

CITIZENSHIP
<input type="checkbox"/> U.S. Citizen or U.S. Non-citizen National
<input type="checkbox"/> Non-U.S. Citizen with a permanent U.S. resident visa (<i>Green Card</i>)
<input type="checkbox"/> Non-U.S. Citizen with a temporary U.S. visa
If not a U.S. citizen, of what country are you a citizen?

EEO INFORMATION
Ethnicity
Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to provide
Racial Background (Check one or more)
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
<input type="checkbox"/> Asian <input type="checkbox"/> Do not wish to provide
Disability
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to provide
If yes, which of the following categories describe your disability or disabilities? (Check one or more)
<input type="checkbox"/> Hearing <input type="checkbox"/> Mobility/Orthopedic Impairment
<input type="checkbox"/> Visual <input type="checkbox"/> Other

REQUESTED SUPPORT
<input type="checkbox"/> Pre-doctoral _____ # Yrs
<input type="checkbox"/> Post-doctoral _____ # Yrs
<i>Note: Although awards are made for one year at a time, there is an expectation of renewal with satisfactory performance. We would like to know whether you would accept a second year of fellowship support, if funds are available.</i>

EDUCATION

Institution	Department	Dates Attended		Degree	Major	Minor
		From (Mo/Yr)	To (Mo/Yr)			

Post-Graduate Education

If you hold an MD, DDS/DMD, PharmD or another advanced degree, please indicate specific credentials, clinical practice and/or academic faculty experience you may have in this field.

Institution	Certification	Field of Study	Year Conferred

Have you received prior NRSA support either through an individual award or an institutional award? If yes, please list below.

Yes No

Award	Date Awarded	Pre/Post-Doctoral	Individual/Institution	Grant #

If given NRSA fellowship support at UNC-CH, would you be a degree candidate?

Yes No

Degree Sought	Mo/Yr Expected	Discipline

If applying for a pre-doctoral fellowship, please answer the following questions regarding your current pre-doctoral program.

- Have you finished your coursework? Yes No *Expected date of completion:*
- Have you taken your comprehensives? Yes No *Expected date of exams:*
- Do you have a dissertation topic? Yes No
- Have you formed a committee? Yes No
- Have you defended your proposal? Yes No *Expected date of defense:*

PRE-DOCTORAL APPLICANT CHECKLIST

All pre-doctoral application packets should include the following:

1. Completed application form.
2. Current *curriculum vitae*.
3. Official undergraduate and graduate transcript(s).
4. (3) Letters of Support:
 - (1) Letter of support from current mentor.
 - (1) Letter of support from a faculty member who can comment on your research potential in health/healthcare and aging.
 - (1) Letter of support from proposed fellowship mentor.
5. Statement of Goals: On separate pages, in typed form, please answer the following questions (2 pages maximum).
 - What is your objective in applying for this fellowship?
 - What type of career path you intend to pursue?
 - What aspect(s) of research in health/healthcare and aging (substantive issues, methodologic techniques, policy analysis, etc.) are of most interest to you?
 - Please provide a description of the research you propose to undertake, with the guidance of your mentor, as part of this fellowship.
6. Submit one scholarly paper written during your doctoral program.

E-mail completed application packet to CPHAR@unc.edu *OR* mail completed application packet to **Attn: Peggye Dilworth-Anderson, PhD, University of North Carolina, Institute on Aging, 720 Martin Luther King Jr Blvd, CB #1030, Chapel Hill, NC 27599-1030.**

POST-DOCTORAL APPLICANT CHECKLIST

All post-doctoral application packets should include the following:

1. Completed application form.
2. Current *curriculum vitae*.
3. Official undergraduate and graduate transcript(s).
4. (3) Letters of Support/Reference:
 - (1) Letter of support from proposed mentor confirming the general scope and focus of the mentoring relationship. The mentor's letter should discuss the training plan, evaluate your potential, document mentor's availability and document facilities the mentor can offer to you.
 - (2) Letters of reference supporting your qualifications. If five years or less have passed since completion of doctoral program, one of the letters must be from the chair of the dissertation committee.
5. Statement of Goals: On separate pages, in typed form, please answer the following questions (2 pages maximum).
 - What is your objective in applying for this fellowship?
 - What type of career path you intend to pursue?
 - What aspect(s) of research in health/healthcare and aging (substantive issues, methodologic techniques, policy analysis, etc.) are of most interest to you?
6. Please provide a brief proposal (5-10 pages, excluding references) for the research you plan to conduct, with the guidance of your mentor, as part of this fellowship program.
7. Please provide a short paragraph describing previous aging research experience.
8. Submit two recent scholarly papers you have written.

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Applications are due by March 1, 2012