



# TRAINING PROGRAM IN NEUROBEHAVIORAL GENETICS PREDOCTORAL TRAINEE APPLICATION COVER PAGE

Title of Proposed Research: \_\_\_\_\_

Applicant Name (Last, First): \_\_\_\_\_

Mentor: \_\_\_\_\_ Home Department: \_\_\_\_\_

Mentor's Fund Manager: \_\_\_\_\_ Mentor's Administrator: \_\_\_\_\_

Graduate Program (e.g. NSIDP, MSTP): \_\_\_\_\_ PhD Start Date (MM/YYYY): \_\_\_\_\_ Estimated Date to Completion (MM/YYYY): \_\_\_\_\_

Advanced to Candidacy Date (MM/YYYY): \_\_\_\_\_ Defense Date (MM/YYYY): \_\_\_\_\_ Preferred Appt Start Date (MM/DD/YYYY): \_\_\_\_\_

eRA Commons ID: \_\_\_\_\_ UCLA UID (9 Digits): \_\_\_\_\_ UCPATH Employee ID (8 Digits): \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Status:  US Citizen  Permanent Resident\*  
*(\*Include proof of status.)*

*The following (3) questions are **optional** and intended to collect demographic data that will inform how equity, diversity, and inclusion may be advanced within the training program. The participation of individuals from groups that are underrepresented in the biomedical, clinical, behavioral, and social sciences is highly encouraged. **Any answers you choose to provide as an applicant will be kept confidential.** However, the training program will be required to report to NIH the percent of individuals from groups that are underrepresented as defined by the [NOT-OD-20-031](#).*

**1. What is your racial identity?**  
*(Please check all that apply.)*

American Indian or Alaska Native  Black or African American  
 Asian  White  
 Native Hawaiian or other Pacific Islander  Intentionally Withheld

**2. Do you consider yourself Hispanic/Latino?**  Yes  No  Intentionally Withheld

**3.a. Do you have a disability** (physical or mental impairment that substantially limits one or more major life activities, as described in the [Americans with Disabilities Act of 1990, as amended](#))?  Yes  No  Intentionally Withheld

**3.b. If willing to specify, what type of disability do you have?** (e.g. Hearing, Visual) \_\_\_\_\_



## TRAINING PROGRAM IN NEUROBEHAVIORAL GENETICS

### APPLICANT EDUCATION HISTORY

Institution	City, State, Country	Degree Completed (B.A. and onward)	Date Completed (MM/YYYY)	Major/Field of Study	GPA
		B.A.			

**GRE Scores (Optional)**    Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Analytical: \_\_\_\_\_ Subject: \_\_\_\_\_

### APPLICANT FUNDING HISTORY

**If you have received NIH Training grant support in the past, please specify below:**

Awarding Agency	Institution	Award Name	Award Period (MM/YYYY – MM/YYYY)

**If you currently are supported by a training grant or other fellowship, please specify below:**

Awarding Agency	Award Name	Award Period (MM/YYYY – MM/YYYY)

**Attachments:**     Current CV     Statement of Objective     Personal/Research Statement     Published/Submitted Grants and/or Paper