CENTER FOR
IMMUNOLOGY & INFECTIOUS DISEASES

Animal Models of Infectious Diseases Training Grant Application

Applicant Information

Full Name:_____   **Date:**_____
          (Last, First, MI)

Email:_____   **Phone:**_____

Gender: ☐ Male   ☐ Female   ☐ Other/Not Listed Here

Citizenship Status: Trainees must be U.S. citizens or permanent residents. Proof of citizenship or resident status will be required before the start of the program.

☐ US Citizen ☐ Permanent Resident ☐ Non-Resident ☐ AB540/Other

The NIH encourages training programs to enhance the participation of individuals from groups underrepresented in the STEM disciplines. This information is not required for the application, but will be reported to and used by the NIH to assess diversity of trainees within our AMID Training Program.

Ethnicity:

☐ White   ☐ Asian   ☐ Black or African American

☐ American Indian/Alaska Native   ☐ Hispanic/Latino

☐ Native Hawaiian/Pacific Islander   ☐ Do not wish to provide

Disability: Do you have a physical or mental disability that substantially limits one or more major life activity, as described by the Americans with Disabilities Act?

☐ Yes   ☐ No   ☐ Do not wish to provide

If yes, which of the following categories describes your disability(ies):

☐ Hearing ☐ Visual   ☐ Mobility/Orthopedic Impairment   ☐ Other

Applicant Information continued on next page.
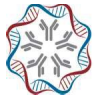
Disadvantaged Background: Must meet **two or more** of the following criteria:

☐ Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act

☐ Were or currently are in the foster care system, as defined by the Administration for Children and Families

☐ Were eligible for the Federal Free and Reduced Lunch Program for two or more years

☐ Have/had no parents or legal guardians who completed a bachelor's degree (definition)

☐ Were or currently are eligible for Federal Pell grants

☐ Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child

☐ Grew up in **one** of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer *or* b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas (qualifying zip codes are included in the file). Only **one** of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.

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Animal Models of Infectious Diseases Training Grant Application, Continued

Education

Graduate Program: _____   Student ID: _____

Mentor Name: _____   Home Department: _____

Year: _____   Degree Sought: ☐ PhD   ☐ DVM/PhD   ☐ MD/PhD

QE Passed: ☐ Yes   ☐ No   Date of QE: _____

Undergraduate and Other Institutions	Degree	Year	GPA	Subject/Major

Thesis Research Project Title: _____

Publications (list in order of relevance to proposed project):