# Applicant Information 2025

UW ICTR TL1 Postdoctoral Trainee Program

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|  | Date Submitted / Received: |
| TITLE OF PROJECT: |
| Applicant info |
| NAME (last, first, middle): | DEGREE(S): |
| POSITION TITLE:  | CAMPUS MAILING ADDRESS: |
| DEPARTMENT: | CAMPUS EMAIL: |
| TEL: | ORCID ID: |
| eRA COMMONS USERNAME: |
|  |
| HUMAN SUBJECTS: \_\_\_ No \_\_\_ Yes \_\_\_ N/A |
| VERTEBRATE ANIMALS: \_\_\_ No \_\_\_ Yes \_\_\_ N/A |

# Abstract Form UW ICTR TL1 Postdoctoral Trainee Program

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| Applicant Last Name: |
| Project Title:  |
| **Abstract (maximum 500 words)** *Provide a concise description of your proposed research. The abstract must include descriptions of:**(1) the rationale supporting the proposed research**(2) the specific hypothesis or hypotheses to be tested and the expected results* *(3) the research aims and design**(4) how the project uniquely advances our understanding of the topic being addressed**-----------------------------------------------------------------------------------------------------------------* |
| Project / Performance Site – Primary Location |
| Organizational Name (department): |
| Street: |
| City: | State: | Zip: |
| Mentors / Senior / Key Personnel |
| Name | eRA Commons Name | Organization | Role on project |
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| Other Significant Contributors |
| Name | Organization | Role on project |
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# Mentor Information UW ICTR TL1 Postdoctoral Trainee Program

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| **Primary mentor** (must be UW faculty) |
| Name: | Degree(s): |
| Position: | Dept and School/college: |
| Email: | Phone: (xxx) xxx-xxxx |
| Faculty mentor training completed (NMRN, U Minnesota, or any other NIH Mentor Training): |
| Date of completed or anticipated mentor training completion: |

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| **Secondary mentor** (if applicable) |
| Name: | Degree(s): |
| Position: | Dept and School/college: |
| Email: | Phone: (xxx) xxx-xxxx |
| Faculty mentor training completed (NMRN, U Minnesota, or any other NIH Mentor Training): |
| Date of completed or anticipated mentor training completion: |

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| **Secondary mentor** (if applicable) |
| Name: | Degree(s): |
| Position: | Dept and School/college: |
| Email: | Phone: (xxx) xxx-xxxx |
| Faculty mentor training completed (NMRN, U Minnesota, or any other NIH Mentor Training): |
| Date of completed or anticipated mentor training completion: |

# Applicant Demographics UW ICTR TL1 Postdoctoral Trainee Program

You are not required to disclose this information; however, you are strongly encouraged to do so, because your responses will help the KL2 Program support an inclusive learning environment and meet federal reporting requirements.

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| Applicant Demographics |
| Gender identity  |
| \_\_\_ Woman | \_\_\_ Man | \_\_\_ Please specify:  |

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| Race and Ethnicity |
| *Based on NIH criteria, individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis.* |
| Are you of Hispanic or Latino origin? | \_\_\_ Yes | \_\_\_ No |
| If yes, indicate all that apply: | \_\_\_ Cuban | \_\_\_ Puerto  Rican | \_\_\_ Mexican, Mexican-American, or Chicano | \_\_\_ Other Hispanic/Latino |

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| Racial background |
| Please indicate all that apply: | \_\_\_ African American or Black | \_\_\_ American Indian or Alaskan Native | \_\_\_Native Hawaiian or Other Pacific Islander | \_\_\_ Cambodian |
| \_\_\_ Hmong | \_\_\_ Laotian | \_\_\_ Vietnamese | \_\_\_ Other Asian | \_\_\_ White |

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| Disadvantaged background(s) |
| *A disadvantaged background is defined as meeting two or more of the following criteria.* |
| Please indicate all that apply: |
| \_\_\_ 1. Were or currently are homeless, as defined by the McKinney-Vento Homeless  Assistance Act (Definition: <https://nche.ed.gov/mckinney-vento/>).  |
| \_\_\_ 2. Were or currently are in the foster care system, as defined by the Administration for  Children and Families (Definition: <https://www.acf.hhs.gov/cb/focusareas/foster-care>). |
| \_\_\_ 3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: <https://www.fns.usda.gov/school-meals/income-eligibilityguidelines>). |
| \_\_\_ 4. Have/had no parents or legal guardians who completed a bachelor’s degree  (see <https://nces.ed.gov/pubs2018/2018009.pdf>). |
| \_\_\_ 5. Were or currently are eligible for Federal Pell grants  (Definition: <https://www2.ed.gov/programs/fpg/eligibility.html>). |
| \_\_\_ 6. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child  (Definition: <https://www.fns.usda.gov/wic/wic-eligibility-requirements>).  |
| \_\_\_ 7. 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 (<https://data.hrsa.gov/tools/rural->health), or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas (qualifying zipcodes 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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| Americans with Disabilities Act |
| Do you have a disability as defined by the Americans with Disabilities Act (ADA)? | \_\_\_ Yes | \_\_\_ No | \_\_\_ I choose not to respond |

I hereby certify that the information presented in this application is true and accurate. I have not knowingly withheld any facts or circumstances that could interfere with the integrity and accuracy of this application.

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_