

**Health Disparities Research Scholars Postdoctoral Training Program**

**Application Form**

**Date of Application:**

**Name:**

(Last, First, Middle Initial)

Current Mailing Address: Street:

State:                      Zip Code:                      Phone (incl. area code):

Email address:

Date of Birth:

**Citizenship:** NIH requires postdocs in this program be U.S. Citizens, non-citizen nationals, or permanent residents by the time of appointment. Please check one:

U.S. Citizen

Non-Citizen National

Permanent Resident

**Ethnicity:** *[optional]*

Hispanic/Latino

Non-Hispanic Latino

**Race:** *[optional]*

American Indian or Alaska Native

Black or African American

Asian

Native Hawaiian or other Pacific Highlander

White

Biracial or Other Ethnic              Specify:

**Dissertation Title:**

**Current status in doctoral program** (check one):

Successfully defended dissertation – list date:

Dissertation written – date defense is scheduled:

Dissertation research completed – anticipated date of defense:

Other (please explain):

**Members of your dissertation committee and department affiliations (specify chair):**

Name	Department Affiliation
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- 1.
- 2.
- 3.
- 4.
- 5.

**References:** If you advance to the next round, you will be asked to submit three letters of recommendation. Please list the three individuals who will submit letters of recommendation (full name, title, and email address). One letter should come from your dissertation chair.

- 1.
- 2.
- 3.

**Please indicate how you learned about this position.** This is important for future recruitment of postdocs to this program.

**To complete your application:** Submit this form as part of one pdf containing all of the information listed on the website in the order indicated to Lisa Scott, Program Administrator, lescott3@wisc.edu.