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Global Health Fellows Program Application

Thank you for applying to our fellowship program. If you have any questions, please email them to hobbsn@uw.edu.

Saving your application:

If you begin an application and need to resume completion at a later date: enter your email address and write down the new application link. Old links will not work if you make changes to your application.

Selection Timeline:

Applications due November 1 by 5pm PST.

Applications reviewed internally: November-December 2017

Interviews with select applicants: January 2018

Tentative Offers: February 2018

A complete application includes submitting this form and having 3 letters of recommendation submitted to Nicole Hobbs by November 1.

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Please choose the research site you are applying to (limit one): *		
Cameroon-University of Yaou		
Academic Status **		
.		
Please indicate the US institution you are affiliated with: *		
University of Hawai'i		
University of Michigan		
University of Minnesota		
University of Washington		
Indiana University		
Other:		
Date doctoral degree received or expected: *		
MM DD YYYY		
I have previously received an NIH Career Development or Research		
Grant (GRIP; K Award, R01) as Principle Investigator or Co-Pl. *		
Yes		
○ No		
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Personal Statement		
Please state why you are interested in this program and what you		
expect to gain from this experience. *		
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Describe how your career goals relate to global health and how this	
program will contribute to these goals. *	
Maximum of 500 words allowed. Currently Entered: 0 words.	
Previous Experience	
Please indicate your previous research experience *	
Maximum of 300 words allowed. Currently Entered: 0 words.	
Please indicate your previous experience in resource-poor settings *	•
Maximum of 300 words allowed. Currently Entered: 0 words.	
Upload Document: NIH Bio-Sketch (PDF documents only).	
If you need a template, please go to the NIH website:	
https://grants.nih.gov/grants/forms/biosketch.htm. You may submit	t '
any version of the NIH biosketch; many applicants prefer the "fellowship" version. *	
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Upload unofficial transcripts from any formal post-graduate training	
you have received. Do not include certificates from workshops or	
short-term training (less than 3 months). Undergraduate transcripts	
are not necessary. *	
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Mentorship		
	cribe your potential mentorship team. Include potential mentors, their institutions and their	
	ou choose this team of mentors? What characte or in a good mentor?	eristics
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	individuals submit materials to Nicole Hob the following information on the persons who will be p	
1. Name of a	US mentor providing a letter of support *	
First	Last	
riist	Last	
Title & Institu	ution *	
Title a motion		
2. Name of a	n in-country mentor providing a letter of supp	oort *
First	Last	
Title & Institu	ution *	
	and the same of th	
3. Name of 3	rd individual providing a letter of support *	

First

Last

Title & Institution *
I grant permission to the Fogarty Program to contact these individuals about my application and my previous professional experiences and conduct.
Yes
No No
Research Plan
Please choose your area of research. *
Title of research project: *
Please describe a proposed research plan.

Include:

1) Brief Background ; 2) Specific Aims; 3) Research Design/Methodology; 4)Timeline for Study; 5) Significance

Proposals without specific aims will not be reviewed.

The research plan must be limited to 2500 words not including references. *

Maximum of 3500 words allowed. Currently Entered: 0 words.

Tentative Budget for your study
*Please save as a PDF. Please note that funding is limited to
\$7,500 for Scholars (pre-docs) and \$10,000 USD for Fellows
(post-docs). If your budget is higher than the amount available,
please indicate the source of additional funding. *

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I will have co-funding during my Fogarty fellowship from my mentor(s), institution, or from a private source (Foundation), which may include a living stipend, and/or research or travel funds. *	
Yes	
No No	
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Languages	
Languages	
While language skills are not a requirement for our program, please rate your skill level in the language of your proposed host country: *	
native speaker	
advanced	
intermediate	
(Seginner Seginner Se	
Not applicableEnglish spoken in home & research country	
Demographic & Personal Information – Optional The following information is for our administrative purposes only, and will not be shared with the committee reviewing your application. Including this information is completely voluntary.	2.1
Gender	
Race/Ethnicity (select your primary self-identification)	
African	
American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic or Latino/a	
Native Hawaiian or Other Pacific Islander	
White or Caucasian	
Do not wish to disclose	
Other Racial or Ethnic Self-identification (please specify)	

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	learn about the program? (check a	ll that apply) *	
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From an	alumnus the program		
Conferen	ce		
Flyer/Bro	chure/Printed Material		
Fogarty v	vebsite		
Other (pl	ease specify)		
If you encou (hobbsn@uv	unter difficulties with submitting w.edu).	your application please co	ntact Nicole Hobbs
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