# NPGH LEADERs Application 2026-2027

Thank you for your interest in the Northern Pacific Global Health Leadership, Education, and Development for Early-career Researchers (NPGH LEADERs) Program.

Please complete the application below. Applications are due September 15, 2025 by 5pm Pacific Daylight Time.

You may only apply to one Fogarty LAUNCH consortium. Please visit http://fogartyfellows.org/apply/ for full eligibility criteria.

You do NOT need to complete the entire application at one time; you may stop and return at a later time to complete it. NOTE: In order to return to this survey, you will need the survey link provided when you choose the "SAVE & RETURN LATER" option. If you do not keep record of the survey link, you will need to start a new application.

## CONTACT INFORMATION

First Name (Given name):

_____

Middle Name:

_____

Last Name (Surname):

_____

Please provide the address at which you currently reside.

Street Address

_____

City

_____

State

_____

Country

_____

Postal Code

_____

Is your permanent address different than the address provided above?
- ○ Yes
- ○ No

Permanent Address

_____

Email Address

_____

Telephone Number

_____

## CITIZENSHIP

Are you a U.S. citizen or permanent resident?

○ Yes
○ No

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Country of citizenship

_____

## EDUCATION / FIELD OF STUDY

By June 30, 2026, will you be a predoctoral (not yet completed terminal degree (e.g. PhD, DVM, MD, MBChB, etc.)) or postdoctoral (completed terminal degree within the last 6 years) candidate?

○ Predoctoral Candidate
○ Postdoctoral Candidate

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Date doctoral/terminal degree conferred or expected conferral date (MM-DD-YYYY)

_____
(Please visit http://fogartyfellows.org/apply/ for full eligibility criteria for U.S. candidates.)

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Date doctoral/terminal degree conferred or expected conferral date (MM-DD-YYYY)

_____
(Doctoral/terminal degree must by conferred by June 30, 2026 in order to be eligible for the program. Please visit http://fogartyfellows.org/apply/ for full eligibility criteria for LMIC postdoctoral candidates.)

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What are your current credentials (DDS, DVM, MD, PhD, MBChB, BPharm, etc.)? Please provide all.

_____

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What is the discipline/specialty of your most recent/current degree (public health, internal medicine, epidemiology, etc)?

○ Allergy & Immunology
○ Biostats/Epidemiology/Bioinformatics
○ Cardiology
○ Dermatology
○ Environmental Health
○ Genetics
○ Geriatrics
○ Health Economics
○ Hematology
○ Infectious Diseases
○ Metabolism/Endocrinology/Nutrition
○ Neurology
○ Oncology
○ Ophthalmology
○ Pediatrics
○ Psychiatry
○ Rheumatology
○ Surgery/Emergency Medicine/Trauma
○ Other

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Please specify discipline/specialty.

_____

## CURRENT PROFESSIONAL TITLE, DEPARTMENT, AND INSTITUTION

What is your current professional title/position?

_____

What is your current department?

_____

What is your current institution?

_____

Using the format below, provide a brief background on your education and training (specialty)

e.g. Trinity University: BS Biology 2015; Boston University: MD 5/2019; Indiana University: Internal Medicine Residency 6/2023; University of Washington: Infectious Diseases Fellowship (ongoing)

Ensure the information you provide matches information provided in your NIH Biosketch.

_____
(e.g. Trinity University: BS Biology 2015; Boston University: MD 5/2019; Indiana University: Internal Medicine Residency 6/2023; University of Washington: Infectious Diseases Fellowship (ongoing))

## AFFILIATION

With which U.S. Institution are you affiliated?

○ University of Michigan
○ University of Minnesota
○ University of Washington
○ Indiana University
○ Other

Please specify the U.S. institution with which you are affiliated.

_____

projectredcap.org

REDCap®

| To which research site are you applying (limit one)? | |
|---|---|
| | ◯ Cameroon-University of Yaounde |
| | ◯ Ghana-Dodowa Health Research Center |
| | ◯ Ghana-Komfo Anokye Teaching Hospital |
| | ◯ Ghana-Korle Bu Teaching Hospital |
| | ◯ Ghana-Kwame Nkrumah University of Science and Technology |
| | ◯ Ghana-Navrongo Health Research Center |
| | ◯ Ghana-University of Ghana |
| | ◯ India-Jawaharlal Nehru University |
| | ◯ India-Manipal Academy of Higher Education |
| | ◯ Kenya-Kenya Medical Research Institute |
| | ◯ Kenya-Kenyatta National Hospital |
| | ◯ Kenya-Moi University |
| | ◯ Kenya-University of Nairobi |
| | ◯ Liberia-University of Liberia |
| | ◯ Nepal-Kathmandu University (Dhulikhel Hospital) |
| | ◯ Nepal-Nepal Cleft and Burn Center (Kirtipur Hospital) |
| | ◯ Peru-Asociación Civil Impacta Salud y Educación |
| | ◯ Peru-Centro de Investigaciones Tecnológicas Biomédicas y Medioambientales |
| | ◯ Peru-Instituto Nacional de Ciencias Neurologicas |
| | ◯ Peru-Universidad Nacional Mayor de San Marcos |
| | ◯ Peru-Universidad Peruana Cayetano Heredia |
| | ◯ Thailand-Chiang Mai University |
| | ◯ Thailand-Chulalongkorn University |
| | ◯ Thailand-Mahidol University |
| | ◯ Thailand-Thai Red Cross AIDS Research Centre |
| | ◯ Uganda-Global Health Uganda |
| | ◯ Uganda-Mbarara University of Science and Technology |
| | ◯ Uganda-Makerere University (Infectious Diseases Institute) |
| | ◯ Uganda-Mulago Hospital |
| | ◯ Uganda-Uganda Cancer Institute |

| What is your skill level in the language of your proposed host country (note: language skills are not a requirement of our program)? | |
|---|---|
| | ◯ Native speaker |
| | ◯ Advanced |
| | ◯ Intermediate |
| | ◯ Beginner |
| | ◯ No experience |

## FUNDING

| Have you previously been funded by a Fogarty Global Health Fellows/LAUNCH program? | ◯ Yes<br>◯ No |
|---|---|

If you have been funded by a Fogarty Global Health Fellows/LAUNCH program previously, please contact Roopa Sriram ghfprgm@uw.edu for eligibility determination before proceeding

We look for opportunities to leverage other funding and resources, so please make sure to disclose any other sources (or potential sources) of funding that you may receive during your fellowship year.

| Do you anticipate any potential co-funding for your fellowship year (e.g. T32 fellowship, institutional funding, in kind support, or other grants or fellowships to which you are applying)? | ◯ Yes<br>◯ No |
|---|---|

| Please describe: | |
|---|---|
| | _____ |

                                       **REDCap**

Have you previously received an NIH Career Development or Research Grant (GRIP, K Award, R01) as Principal Investigator or Co-PI?

○ Yes
○ No

Please describe:

_____

Are you reapplying to the NPGH Consortium?

○ Yes
○ No

If yes, please describe how this application is different from your previous submission.

_____

## TITLE OF RESEARCH PROJECT

Title of research project

_____

## REQUIRED DOCUMENTS

Download the following Word document and upload completed essays below. Please upload essays as a Word document.

[Attachment: "NPGH Application Essays_2026-2027.docx"]

APPLICANT ESSAYS

Upload your completed essays in Word document format (do not submit as a PDF).

Please note the word and page limits for each essay. Essays will not be reviewed if they are over the designated word or page limits or if they do not comply with formatting requirements.

You may download and use the following Excel budget template or use your own budget template if you prefer.

[Attachment: "Budget Template 2025.xlsx"]

TENTATIVE BUDGET

Upload a budget for your proposed study.

Note that funding is limited to $7,500 for U.S. pre-doctoral applicants and $10,000 for U.S. & LMIC post-doctoral applicants. If your budget is higher than the amount available, please indicate the source of additional funding.

Download the following NIH Biosketch template and upload completed Biosketch below. Please upload Biosketch as a Word document.

[Attachment: "biosketch-blank-fellowship-format-rev-10-2021.docx"]

NIH-STYLE BIOSKETCH

Upload an NIH Biosketch (use the most recent template provided above). For NIH Biosketch resources and instructions, please visit the NIH website: https://grants.nih.gov/grants/forms/biosketch.htm

Please ensure you are submitting a Biosketch on the most recent NIH Biosketch template.

ACADEMIC TRANSCRIPT

Upload your most recent transcript. Unofficial transcripts are acceptable.

## RESEARCH PUBLICATIONS, CONFERENCES/ABSTRACTS

Enter the number of research publications that you have published or that are currently accepted/in press (do not include publications under review or in preparation)

_____

You will be asked to list your research publications in the NPGH Application Essays document.

Enter the number of research publications that you currently have under review.

_____

You will be asked to list your publications under review in the NPGH Application Essays document.

Enter the combined number of conference presentations and abstracts that you have had accepted

_____

You will be asked to list your conference presentations and abstracts in the NPGH Application Essays document.

## MENTORSHIP TEAM / LETTERS OF SUPPORT

Please provide information below regarding your mentors. Letters of support can be uploaded here or emailed directly to ghfprgm@uw.edu.

Two letters of recommendation are required. One letter should come from a primary mentor at a U.S. institution within our consortium and one letter from a primary mentor at the international partner site you are applying to. A third letter is optional and can come from another mentor or someone outside your mentorship team. No more than three letters of support should be submitted.

Note for LMIC Fellow Applicants: Letter from primary U.S. mentor must explicitly mention approval of the applicant's proposed U.S. short-term training plans.

U.S. Mentor Name

_____

| U.S. Mentor Affiliation | ◯ University of Michigan |
| | ◯ University of Minnesota |
| | ◯ University of Washington |
| | ◯ Indiana University |
| | ◯ University of Hawai'i |

U.S. Mentor email address

_____

**U.S. Mentor NIH Biosketch**

Must be NIH Biosketch format. CVs will not be accepted.

(Biosketch Template: https://grants.nih.gov/grants/forms/biosketch.htm)

| Letter of Support | ◯ I have a letter of support from my U.S. mentor to upload |
| | ◯ My mentor will email a letter of support to ghfprgm@uw.edu by September 15, 2025 |
| | (Note for LMIC Fellow Applicants: Letter from U.S. mentor should explicitly mention approval of the applicant's proposed U.S. short-term training plans.) |

| Upload U.S. Mentor Letter of Support | (Note for LMIC Fellow Applicants: Letter from primary U.S. mentor must explicitly mention approval of the applicant's proposed U.S. short-term training plans.) |

Research Site Mentor Name

_____

| Research Site Mentor Affiliation | ◯ Cameroon-University of Yaounde |
| | ◯ Ghana-Dodowa Health Research Center |
| | ◯ Ghana-Komfo Anokye Teaching Hospital |
| | ◯ Ghana-Korle Bu Teaching Hospital |
| | ◯ Ghana-Kwame Nkrumah University of Science and Technology |
| | ◯ Ghana-Navrongo Health Research Center |
| | ◯ Ghana-University of Ghana |
| | ◯ India-Jawaharlal Nehru University |
| | ◯ India-Manipal Academy of Higher Education |
| | ◯ Kenya-Kenya Medical Research Institute |
| | ◯ Kenya-Kenyatta National Hospital |
| | ◯ Kenya-Moi University |
| | ◯ Kenya-University of Nairobi |
| | ◯ Liberia-University of Liberia |
| | ◯ Nepal-Kathmandu University (Dhulikhel Hospital) |
| | ◯ Nepal-Nepal Cleft and Burn Center (Kirtipur Hospital) |
| | ◯ Peru-Asociación Civil Impacta Salud y Educación |
| | ◯ Peru-Centro de Investigaciones Tecnológicas Biomédicas y Medioambientales |
| | ◯ Peru-Instituto Nacional de Ciencias Neurologicas |
| | ◯ Peru-Universidad Nacional Mayor de San Marcos |
| | ◯ Peru-Universidad Peruana Cayetano Heredia |
| | ◯ Thailand-Chiang Mai University |
| | ◯ Thailand-Chulalongkorn University |
| | ◯ Thailand-Mahidol University |
| | ◯ Thailand-Thai Red Cross AIDS Research Centre |
| | ◯ Uganda-Global Health Uganda |
| | ◯ Uganda-Mbarara University of Science and Technology |
| | ◯ Uganda-Makerere University (Infectious Diseases Institute) |
| | ◯ Uganda-Mulago Hospital |
| | ◯ Uganda-Uganda Cancer Institute |

Research Site Mentor email address

_____

Research Site Mentor NIH Biosketch

Must be NIH Biosketch format. CVs will not be accepted.

(Biosketch Template: https://grants.nih.gov/grants/forms/biosketch.htm)

| Letter of support | ◯ I have a letter of support from my Research Site Mentor to upload |
| | ◯ My mentor will email a letter of support to ghfprgm@uw.edu by September 15, 2025 |

Upload Research Site Mentor Letter of Support

| Do you have an additional letter of support to upload? (optional) | ◯ Yes |
| | ◯ No |

A third letter is optional and can come from another mentor or someone outside your mentorship team. Note that no more than three letters of support should be submitted in total.

| | |
|---|---|
| Provide the full name, affiliation, and email address for the individual providing your optional letter of support | _____ |

Upload optional letter of support

| | |
|---|---|
| Enter the names, affiliations, and email addresses of any other members of your Mentor Team | _____ |

I grant permission to the Fogarty Program to contact these individuals about my application and my previous professional experiences and conduct.

○ Yes
○ No

## NIH CLINICAL TRIAL DETERMINATION

Please answer the following questions about your proposed fellowship study to the best of your ability.

For more information about any of the questions below, including link to the NIH decision tree support document, please see: https://grants.nih.gov/policy/clinical-trials/definition.htm

1. Does your proposed fellowship study involve human participants?

○ Yes
○ No
○ Unsure

2. In your proposed study, are participants prospectively* assigned to an intervention**?

* The term prospectively assigned refers to a pre-defined process (e.g., randomization) specified in an approved protocol that stipulates the assignment of research subjects (individually or in clusters) to one or more arms (e.g., intervention, placebo, or other control) of a clinical trial.

** As related to the definition of a clinical trial, a manipulation of the subject or subject's environment for the purpose of modifying one or more health-related biomedical or behavioral processes and/or endpoints. Examples include: drugs/small molecules/compounds; biologics; devices; procedures (e.g., surgical techniques); delivery systems (e.g., telemedicine, face-to-face interviews); strategies to change health-related behavior (e.g., diet, cognitive therapy, exercise, development of new habits); treatment strategies; prevention strategies; and, diagnostic strategies.

○ Yes
○ No
○ Unsure

3. Is the proposed study designed to evaluate the effect of the intervention* on the participants?

* An intervention is defined as a manipulation of the subject or subject's environment for the purpose of modifying one or more health-related biomedical or behavioral processes and/or endpoints. Examples include: drugs/small molecules/compounds; biologics; devices; procedures (e.g., surgical techniques); delivery systems (e.g., telemedicine, face-to-face interviews); strategies to change health-related behavior (e.g., diet, cognitive therapy, exercise, development of new habits); treatment strategies; prevention strategies; and, diagnostic strategies.

◯ Yes
◯ No
◯ Unsure

4. Is the effect being evaluated in the proposed study a health-related biomedical or behavioral outcome*?

* A health-related biomedical or behavioral outcome is defined as the pre-specified goal(s) or condition(s) that reflect the effect of one or more interventions on human subjects' biomedical or behavioral status or quality of life. Examples include: positive or negative changes to physiological or biological parameters (e.g., improvement of lung capacity, gene expression); positive or negative changes to psychological or neurodevelopmental parameters (e.g., mood management intervention for smokers; reading comprehension and /or information retention); positive or negative changes to disease processes; positive or negative changes to health-related behaviors; and, positive or negative changes to quality of life.

◯ Yes
◯ No
◯ Unsure

5. Is your proposed fellowship study conducted part of a parent NIH award/clinical trial that is responsible for all required registrations and human subjects reporting?

◯ Yes
◯ No

6. If yes, please name the parent study and provide the clinicaltrial.gov NCT number

_____

## ADDITIONAL APPLICANT INFORMATION

Upload a photo of yourself in .png or .jpg format.

This will be used for a trainee biography book distributed at orientation.

How did you hear about the program?

◯ Email from mentor/colleague
◯ Alumnus or current fellow
◯ Internet search
◯ Website
◯ Dean or professor
◯ Conference
◯ Other

If other, please describe:

_____

## Demographics

Please note, information collected is solely used for reporting will not be considered during the review of your application. We do not discriminate on the basis of race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, disability, or veteran status.

| | |
|---|---|
| Gender | ◯ Male<br>◯ Female<br>◯ Non-binary<br>◯ Prefer to self-describe<br>◯ Prefer not to answer |
| Gender, self-describe | _____ |
| Birth Date | _____ |
| Primary Race and Ethnicity identification | ◯ American Indian or Alaska Native<br>◯ Asian<br>◯ Black or African American<br>◯ Hispanic or Latinx<br>◯ Native Hawaiian or Other Pacific Islander<br>◯ White<br>◯ Other; please specify<br>◯ Prefer not to answer |
| Primary Race and Ethnicity, please describe | _____ |
| Do you have a physical or mental impairment that substantially limits one or more major life activities?<br><br>Individuals with disabilities, who are defined as those with a 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<br>◯ No<br>◯ Prefer not to answer |

Do you come from a disadvantaged background?

 Individuals from disadvantaged backgrounds are defined as those who meet two or more of the following criteria:

 - Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition: https://nche.ed.gov/mckinney-vento/);
 - 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/focus-areas/foster-care);
 - Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: https://www.fns.usda.gov/school-meals/income-eligibility-guidelines);
 - Have/had no parents or legal guardians who completed a bachelor's degree (see https://nces.ed.gov/pubs2018/2018009.pdf);
 - Were or currently are eligible for Federal Pell grants (Definition: https://studentaid.gov/understand-aid/types/grants/pell);
 - 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).
 - 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.

◯ Yes
◯ No
◯ Prefer not to answer