

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

CURRENT ACADEMIC TITLE:

DEPARTMENT or DIVISION:

INSTITUTION:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

COLUMBIA UNI
(if applicable):

COLUMBIA UNIVERSITY FACULTY MENTOR

Provide contact information for your current or future Columbia University faculty mentor

NAME:

ACADEMIC TITLE:

DEPARTMENT or DIVISION:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

COLUMBIA UNI
(if applicable):

NIH eRA Commons
USER NAME:

PERSONAL STATEMENT

Please tell us about your career goals and why you have chosen to seek additional research training in precision medicine (500 words or less):

TRAINING PLAN

Briefly describe activities (research training, coursework, professional development, etc.) you will be involved in during this Fellowship (500 words or less):

SYNOPSIS OF RESEARCH PROPOSAL

Project Title:

Please describe research project that you are planning to work on during this Fellowship. Be sure to describe the precision medicine aspect of your project (500 words or less)

BUDGET

Please indicate proposed allocation of funds for tuition and fees, Fellow's salary with fringe benefits, research supplies, etc. for both years of the Fellowship:

APPLICANT'S OWN RESEARCH FUNDING (Fellowships, Pilot Awards, etc.)

ALL CURRENT SOURCES OF
RESEARCH FUNDING (include
begin/end dates, total direct cost):

PENDING APPLICATIONS FOR
RESEARCH FUNDING (include
proposed begin/end dates and total
direct costs)

SIGNATURES OF APPROVAL

A. I certify that the information presented in this application is, to the best of my knowledge, complete, accurate, and developed according to practices commonly accepted within the scientific community. In addition, I understand that I will be expected to meet regularly with my mentor and accept and provide feedback.

Signature of Fellowship Applicant

Date (mm/dd/yyyy)

B. I have reviewed this application and hereby take responsibility for mentoring the applicant in the execution of the research project and in learning relevant aspects of precision medicine, should this applicant be awarded the Fellowship. I recommend that this application be submitted.

Signature of Faculty Mentor

Date (mm/dd/yyyy)

C. *(for Columbia University applicants only)* I have reviewed this application and hereby take responsibility for ensuring that the necessary space, personnel, and facilities which are mentioned in the application pertaining to my Department will be available for this project should this applicant be awarded the Fellowship. I recommend that this application be submitted.

Signature of Sponsoring Division Chief or Department Chair

Date (mm/dd/yyyy)