



# AHA Go Red for Women 2016 Postdoctoral Fellowship Application



**Name**

Last	First	Initial

**Mailing address**

**Phone**

Home	Cell	Office/Lab

**Email address**

**Citizenship**

Country of Citizenship	If Non-US Citizen what is your Visa Status

**Graduate training**

MD	PhD	Equivalent other (specify)	Degree year

University name and location

Department/program

Dissertation/thesis title (if applicable)

**Current position**

Position/title	Institution and location

Field of study/research interest

**Program dates**

Anticipated start date

In addition to this application form, the following materials must be submitted to Ms Lee Rager electronically (as Word or PDF documents) at [srager@mwri.magee.edu](mailto:srager@mwri.magee.edu).

- Cover letter that includes a statement of your research interests, short-term goals for fellowship, long-term career goals, and time frame for training.
- Curriculum vitae.
- Two letters of recommendation, addressed to the AHA Go Red for Women Training Committee, should be emailed directly from the referee to Ms Lee Rager ([srager@mwri.magee.edu](mailto:srager@mwri.magee.edu)).

## DEMOGRAPHIC INFORMATION FOR AHA REPORTING

As an institution that receives federal funds for trainees, MWRI is required to report demographic information regarding our applicants and participants to our training programs. **Provision of the following information is voluntary.** Applicants and trainees are strongly encouraged to provide this information; however declining to do so will in no way affect their appointments. Racial/ethnic/disability/background data are confidential and all analyses utilizing the data will report aggregate statistical findings only and will not identify individuals.

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What is your race?       African American       Hispanic  
                                  Alaskan Native       Middle Eastern  
                                  American Indian       Pacific Islander  
                                  Asian       White  
                                  Other       Do not wish to provide

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Are you Hispanic?       Yes       No       Do not wish to provide

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What is your gender?       Male       Female       Do not wish to provide

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Do you have a disability?       Yes       No       Do not wish to provide

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Do you come from a disadvantaged background?       Yes       No       Do not wish to provide

*Individuals falling in this category must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or Scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.*

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