

**Dr. Allen and Charlotte Ginsburg Fellowship in Precision Genomic Medicine
Training Program Application**

TITLE OF RESEARCH PROJECT: _____

APPLICANT INFORMATION:

Last First MI Date of Birth

Permanent Address

Telephone: _____ email: _____

PROPOSED MENTOR _____ email: _____

EDUCATION **Institution/Location** **Date (Mo/Yr)** **Degree**

Undergraduate _____

Graduate/Medical School _____

Fellowships/
Post-Doctoral Training _____

Applicant: Please submit the following documents (*use at least 11pt font and 0.5" margins*):

- (a) Application Form (this document)
- (b) Demographic Form
- (c) 2-page research plan
- (d) 1-page career development plan
- (e) 3 letters of recommendation (mentor, and at least one from residency/fellowship director or department chair).
- (f) Diversity statement

Applicant AND Mentor: Please attach a) NIH-style Biosketch; b) NIH-style Other Support page. Include all sources of current funding with beginning and end dates and annual **direct costs only**.

Please submit your application as a single .pdf arranged in the order above to precisionhealth@mednet.ucla.edu beyond the deadline will not be considered.

Applicant Signature Date

Mentor Signature Date