

**Dr. Allen and Charlotte Ginsburg Fellowship in Precision Health Fellowship 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 (one from mentor, one from residency/fellowship director, and one from division chief or department chair).
- (f) Letter of support should outline protected time for research and any current or future department/division support for transition to faculty
- (g) 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](mailto:precisionhealth@mednet.ucla.edu)  
Applications beyond the deadline will not be considered.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Mentor Signature Date