**APPLICANT INFORMATION:**

Name: Last Name First Name

Phone Number: (XXX) XXX-XXXX

Email Address: Email Address

**MENTOR INFORMATION:**

Name: Last Name First Name

Phone Number: (XXX) XXX-XXXX

Email Address: Email Address

**UNDERGRADUATE INFORMATION AND TRAINING:**

Institution Name: Institution Name

Address : Address

City, ST Zip: City, ST Zip

Degree Conferred: Degree

Year Completed: Year

Field(s) of Study: Field(s)

**ADVANCED DEGREES (MS, PHD, ETC.):**

List advanced degrees.

**PRIOR CLINICAL/RESEARCH EXPERIENCE (INCLUDE PUBLICATIONS):**

Describe here.

**STATEMENT OF RESEARCH INTERESTS AND CAREER GOALS:**

Describe here.

**RESEARCH PROPOSAL:**

I. INTRODUCTION  
(A brief Introduction with relevant background information that identifies the target problem)

II. OBJECTIVES  
(Objectives that state the hypotheses to be tested and the specific aim(s) of the study)

III. METHODS  
(Methods including a brief description of the general methods to be employed)

IV. BIBLIOGRAPHY  
(A Bibliography to include 1-5 relevant papers cited in your proposal)

**AGREEMENT AND SIGNATURE (APPLICANT):**

By submitting this application, I affirm that the facts set forth in it are true and complete.

Full Name: Full Name Date: Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the statement above.

**MENTOR’S BRIEF STATEMENT OF RESEARCH PROJECT:**

Describe here.

**AGREEMENT AND SIGNATURE (MENTOR):**

By submitting this application, I affirm that the facts set forth in it are true and complete.

Full Name: Full Name Date: Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the statement above.

***Email completed applications to*** [***shadel@uab.edu***](mailto:shadel@uab.edu)