



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Indiana Children's Health Services Research Fellowship Application

Name:			
Mailing Address:			
Primary Phone:		Email Address:	
Current Position and Institution:			
Degrees:			

What is your current citizenship?

US Citizen

Permanent Resident

Non-citizen National

Other: \_\_\_\_\_

For MD applicants only

Are you board certified in Pediatrics?

Yes

No

If not, are you board eligible?

Yes

No

The following requested information is for tracking purposes only and will not be considered in review of your application.\*

**Race** (Select one or more): American Indian or Alaska Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Prefer not to answer

**Ethnicity:** Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Do you have (or have you had) a physical or mental disability that substantially limits one or more of your major life activities?

Yes

No

Prefer not to answer

\*WHY THIS INFORMATION IS BEING REQUESTED:

Collection of this information is authorized by NIH. Demographic data allows the NIH to gauge whether our programs and other opportunities in science and technology are fairly reaching and benefitting everyone regardless of demographic category; to ensure that those in under-represented groups have the same knowledge of and access to programs and other research and educational opportunities.

Required Information:

1. A copy of your medical school dean's letter and/or your medical/graduate school transcript
2. Your current curriculum vitae
3. 3 letters of recommendation addressed to the fellowship program director, Dr. Nerissa Bauer, which must be emailed directly from the letter writer to fellowship@ichsr.org
4. A personal statement (no more than 3 double-spaced pages with at least size 11 font and 1-inch margins) that explains your career goals, how the fellowship would further these goals, a research question you would like to address as a fellow and 1 or more CHSR faculty you wish to receive mentorship

Signature:	
Print Name:	
Date:	

Applications Due March 1 the Year Prior to the Fellowship

All applications, transcripts, CVs, and personal statements should be emailed as one PDF document to fellowship@ichsr.org