



## APPLICANT DATA FORM

Scholar Name _____	Credentials _____
Department/Division _____	eRA Commons User Name _____
Campus Address _____	
Email _____	Phone _____
Dept. / Division Administrator Name _____	
Administrator Contact Information _____	

### Proposed Research Project Title

#### Primary BIRCWH Mentor (REQUIRED)

- |   |   |
|---|---|
| <input type="checkbox"/> David Baker, MD (General Internal Medicine)          | <input type="checkbox"/> Mary McDermott, MD (General Internal Medicine)   |
| <input type="checkbox"/> Joseph Bass, MD, PhD (Endocrinology)                 | <input type="checkbox"/> Richard Pope, MD (Rheumatology)                  |
| <input type="checkbox"/> Serdar Bulun, MD (OB/GYN-Reproductive Biology)       | <input type="checkbox"/> Robert Schleimer, PhD (Allergy-Immunology)       |
| <input type="checkbox"/> Kenzie Cameron, PhD, MPH (General Internal Medicine) | <input type="checkbox"/> Margrit Urbanek, PhD (Endocrinology)             |
| <input type="checkbox"/> John Csernansky, MD (Psychiatry)                     | <input type="checkbox"/> John Varga, MD (Rheumatology)                    |
| <input type="checkbox"/> Andrea Dunaif, MD (Endocrinology)                    | <input type="checkbox"/> Douglas Vaughan, MD (Cardiology)                 |
| <input type="checkbox"/> Geoffrey Hayes, PhD (Endocrinology)                  | <input type="checkbox"/> Katherine Wisner, MD (Psychiatry)                |
| <input type="checkbox"/> Kiang Liu, PhD (Preventive Medicine)                 | <input type="checkbox"/> Steven Wolinsky, MD (Infectious Disease)         |
| <input type="checkbox"/> Donald Lloyd-Jones, MD, ScM (Preventive Medicine)    | <input type="checkbox"/> Teresa Woodruff, PhD (OB/GYN-Fertility Preserv.) |
| <input type="checkbox"/> William Lowe Jr., MD (Endocrinology)                 | <input type="checkbox"/> Catherine Woolley, PhD (Neurobiology-Physiology) |
| <input type="checkbox"/> Kelly Mayo, PhD (Molecular Biosciences)              | <input type="checkbox"/> Phyllis Zee, MD, PhD (Neurology)                 |

#### Other Mentors and Collaborators (at least one required)

*For each include name, title, and (for any non-Northwestern University faculty) affiliation*

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## APPLICANT DATA FORM

### DEMOGRAPHIC INFORMATION REQUIRED BY NIH

<b>Citizenship</b> (Mark one) <input type="checkbox"/> U.S. Citizen or Noncitizen National <input type="checkbox"/> Permanent Resident* (Non-U.S. Citizen with currently valid verification of residency status) Country of citizenship (if not U.S.): _____ <small>*Permanent residents should include a copy of current Permanent Resident Card "Green Card" (USCIS Form I-551) with application.</small>	<b>Ethnicity</b> (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer <b>Gender</b> (Mark one) <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Race</b> (Mark one or more) <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer
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### SIGNATURES

#### APPLICANT

I have completed this application form to the best of my knowledge. I understand that application requirements and terms of eligibility must be met before an appointment as a BIRCWH Scholar can take effect.

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

Print Name \_\_\_\_\_

#### PRIMARY MENTOR

I agree to serve as this scholar's primary mentor if he/she is awarded a BIRCWH CDWH appointment. I have provided a letter of commitment outlining my support of and my role in the scholar's project.

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

Print Name \_\_\_\_\_

#### DEPARTMENT CHAIR

If the application is successful, I will ensure that the applicant has a minimum of 75% protected time for the BIRCWH program and will provide support for additional salary and research costs not covered by the BIRCWH award.

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

Print Name \_\_\_\_\_