**NIH Postdoctoral Research Fellowship Application**

Please email this completed form along with the additional required application materials.

**Name** *(last, first, middle initial)***:**

**Current Institution:**

**Degree/Year:** PhD       MD       Year completed or expected to complete

**Are you a US Citizen?**  **Yes**  **No**

**Place/Country of Birth**

**If not a US citizen, please complete the following:**

Permanent Resident: A-Number or USCIS#

Visa Held or Expected: F-1 Student

J-1 Exchange Visitor

Other (please specify):

*The following optional information is used for statistical purposes only.*

**What is your racial/ethnic background?** *Check all that apply:*

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Other: