

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
National Hispanic Medical Association (NHMA)
Travel Award Application for NIDDK/NHMA Fellows Attending
the NHMA Annual Conference

APPLICANT INFORMATION

Date

FULL NAME

Last Name

First Name

M.I.

Graduate Degree(s)

ORGANIZATION ADDRESS

Name of Organization

Street Address

City

State

Zip Code

PERMANENT ADDRESS

Street Address

City

State

Zip Code

Phone Number

Email Address

CAREER INFORMATION

CAREER STATUS

Post Graduate Year

Resident

Acting Instructor

Fellow

Assistant Professor

Instructor

SPECIALTY

Primary Specialty

Secondary Specialty

The primary use of the information collected on this form is to support the application process for the NIDDK-NHMA Travel Awards Program offered through the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). If you voluntarily complete this form and send it by e-mail, you are advised that e-mail communications are not secure against interception and inadvertent disclosure. Please see the NIDDK Privacy Statement, for more information.

DEMOGRAPHIC INFORMATION

WHICH OF THESE BEST DESCRIBES YOUR ETHNICITY (CHOOSE ONE)?

- Hispanic or Latino Not Hispanic or Latino

WHICH OF THESE BEST DESCRIBES YOUR RACE (CHOOSE ONE OR MORE)?

- American Indian or Alaska Native Asian Black or African American
- Native Hawaiian or other Pacific Islander White Other

CITIZENSHIP STATUS?

- U.S. Citizen Noncitizen National Permanent Resident of U.S. Pending

- Permanent Resident of U.S. Other, U.S. Visa (specify)

GENDER

- Female Male

ADDITIONAL INFORMATION

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY?

- Academic Dean Direct Mailing Professional Organization
- Word of Mouth Email Website
- Training Program Director Other (Specify)

ARE YOU A MEMBER OF THE NATIONAL HISPANIC MEDICAL ASSOCIATION (NHMA)?

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION

- Personal statement describing your research interest/s, career ambitions, and how attending the program will influence your training and development
- Curriculum Vitae
- Letter of support from the Chairperson or Director of your academic training program indicating how you will continue to be supported in your pursuit of a career in academic medicine

PLEASE EMAIL APPLICATION TO CURRYJ1@MAIL.NIH.GOV



The primary use of the information collected on this form is to support the application process for the NIDDK-NHMA Travel Awards Program offered through the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). If you voluntarily complete this form and send it by e-mail, you are advised that e-mail communications are not secure against interception and inadvertent disclosure. Please see the NIDDK Privacy Statement, for more information.