



**TL1 Application Cover Sheet**

University Affiliation:  Emory  Georgia Tech  MSM  UGA

Predoctoral:  PhD Student  Medical Student  PharmD Student

Postdoctoral:  PhD Postdoctoral  Resident/Fellow (Physician)  PharmD Resident

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Alternative E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ (office) \_\_\_\_\_ (cell) \_\_\_\_\_ (PIC or Pager)

Date of Birth: \_\_\_\_\_

Emory Employee ID (If you are not with Emory University, leave blank): \_\_\_\_\_

Have you ever applied to Emory University in the past? \_\_\_\_\_ *(This question is important because if you applied to Emory at any time, whether or not you enrolled, you already have an Emory ID number in the Emory data system.)*

**The following questions are required for NIH reporting (Please note: only U.S. Citizens or Permanent Residents are Eligible for the TL1 Program):**

Citizenship:  U.S. Citizen  U.S. Permanent Resident

City, State, and Country of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Race:  American Indian/Alaska Native  Asian  Native Hawaiian/Other Pacific Islander  
 Black  White  More than one Race

Ethnicity:  Hispanic

Are you from a disadvantaged background?  Yes  No  
*(NIH Definition of Disadvantaged Background: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-053.html>)*

Do you have any disabilities?  Yes  No

**(more on page 2)**

**Research Information**

NIH ERA Commons Username (If you already have one): \_\_\_\_\_

Research Area of Interest: \_\_\_\_\_

Title of Research Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mentor Information**

For each person below, provide name, degree, department, division, school, and university

Mentor: \_\_\_\_\_

\_\_\_\_\_  
Mentor's E-Mail Address: \_\_\_\_\_

Co-Mentor (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Co-Mentor's E-Mail Address: \_\_\_\_\_

Advisory Committee Member: \_\_\_\_\_

\_\_\_\_\_  
Advisory Committee Member E-Mail Address: \_\_\_\_\_

Advisory Committee Member: \_\_\_\_\_

\_\_\_\_\_  
Advisory Committee Member E-Mail Address: \_\_\_\_\_

Advisory Committee Member: \_\_\_\_\_

\_\_\_\_\_  
Advisory Committee Member E-Mail Address: \_\_\_\_\_

By signing below, I am indicating that I will not be supported by any other NIH awards during my TL1 appointment. (NIH does not allow individuals to be supported by more than one NIH award at the same time):

\_\_\_\_\_  
Applicant's Signature