

# MWRI 2024 Fellowship Application



**Name**  Last  First  Initial

**Mailing address**

**Phone**  Home  Cell  Office/Lab

**Email address**

**Citizenship**  Country of Citizenship  If Non-US Citizen, provide current visa status

**MWRI fellowship program level applied for**  Postdoctoral fellowship  Graduate fellowship

**Training**

Degree	Year awarded	Institution and location	Major/program
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Graduate dissertation/thesis title (if applicable)  Mentor

**Current position**  Position/title  Institution and location

Field of study/research interest

**Mentorship and program dates**  MWRI Faculty mentor sponsoring your application  Anticipated start date

In addition to this application form, the following materials must be submitted to Margie Seskey electronically (as Word or PDF documents) at [seskeyma@mwri.magee.edu](mailto:seskeyma@mwri.magee.edu).

- An applicant's cover letter that includes a statement of your research interest, short-term and long-term goals, and the intended start date.
- Curriculum vitae.
- A short, NIH-formatted style application of up to two pages (Arial 11 pt font, 1/2 inch margins) that includes the following sections: abstract (200 word limit), significance, innovation and approach. All must be included within the two-page limit. In addition, up to 15 references may be cited on a separate page.

- An applicant's one-page summary of a career development plan for the fellowship. This is central to the application, and should include classes, specialized coursework, training, or other activities within MWRI or elsewhere. These should be detailed across the fellowship's two-year timeline. The text should delineate how the classes or courses will bolster the training experience and prepare the applicant for a successful career in basic, translational, or clinical research.
- Letter from the planned mentor, which includes a brief summary of the proposed research project and its fit within the mentor's ongoing research program, a mentorship plan, and a proposed funding plan in case the fellowship is not granted. Information should be provided on the training environment within the mentor's research unit, and how it will promote the applicant's training experience (maximum 2 pages).
- Two letters of recommendation (in addition to the MWRI mentor letter), addressed to the MWRI Postdoctoral Fellowship Review Committee, should be emailed directly from the referee to Margie Seskey ([seskeyma@mwri.magee.edu](mailto:seskeyma@mwri.magee.edu)).

All application materials should be submitted electronically (as word or PDF documents) to Margie Seskey at [seskeyma@mwri.magee.edu](mailto:seskeyma@mwri.magee.edu). Selected candidates may be interviewed by the MWRI postdoctoral committee. The standard deadline for receiving Fellowship applications is December 31 and June 30 each year, although interim opportunities for submission may be announced as scholars matriculate from the program. Recipients will be notified within 3-4 month after the application deadline, with the general intent of starting the training on January 1 or July 1. The number of training slots will depend on availability and funds.

## DEMOGRAPHIC INFORMATION FOR NIH REPORTING

As an institution that receives federal funds for trainees, MWRI is required to report demographic information regarding our applicants and participants to our training programs. **Provision of the following information is voluntary.** Applicants and trainees are strongly encouraged to provide this information; however declining to do so will in no way affect their appointments. Racial/ethnic/disability/background data are confidential and all analyses utilizing the data will report aggregate statistical findings only and will not identify individuals.

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What is your race?       African American       Hispanic  
                                  Alaskan Native       Middle Eastern  
                                  American Indian       Pacific Islander  
                                  Asian       White  
                                  Other       Do not wish to provide

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Are you Hispanic?       Yes       No       Do not wish to provide

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What is your gender?       Male       Female       Do not wish to provide

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Do you have a disability?       Yes       No       Do not wish to provide

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Do you come from a disadvantaged background?       Yes       No       Do not wish to provide

*Individuals falling in this category must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or Scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.*

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