

# Summer Institute Program to Increase Diversity (SIPID) in Cardiovascular Health Disparities Research

## APPLICATION FORM

Please read the instructions carefully before completing the application. Type or print clearly and firmly. **Applications should be postmarked by April 1, 2009.** Admissions decisions are announced via letter and e-mail.

### BIOGRAPHICAL INFORMATION

|   |       |                                |                          |   |                          |                          |
|---|-------|--------------------------------|--------------------------|---|--------------------------|--------------------------|
| FULL LEGAL NAME:  |       | TITLE                          | LAST, FAMILY, OR SURNAME |   | FIRST                    | MIDDLE                   |
| CURRENT MAILING ADDRESS:  |       | Number & Street                |                          | City  | State or Foreign Country |                          |
| PERMANENT MAILING ADDRESS:<br>(If different from above)         |       | Number & Street                |                          | City  | State or Foreign Country |                          |
| CURRENT POSITION/TITLE:   |       |                                |                          | DEPARTMENT/ACADEMIC INSTITUTION:  |                          |                          |
| INSTITUTIONAL MAILING ADDRESS:                                  |       | Number & Street                |                          | City  | State                    | Zip Code                 |
| ELECTRONIC MAIL ADDRESS   |       |                                |                          | CURRENT DAY PHONE<br>(area code)  |                          |                          |
| CURRENT EVENING PHONE<br>(area code)                            |       | PERMANENT PHONE<br>(area code) |                          | SOCIAL SECURITY NO. (if available)  |                          |                          |
| DATE OF BIRTH   | Month | Day                            | Year                     | PLACE OF BIRTH  | City                     | State or Foreign Country |
| Are you a citizen or a permanent resident of the United States? |       |                                |                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |                          |                          |
| Please indicate your ethnic origin:                             |       |                                |                          | <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Black, Non-Hispanic Origin <input type="checkbox"/> Other – Please Specify: _____<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander |                          |                          |
| Do you have a Disability?                                       |       |                                |                          | Please describe your disability:  |                          |                          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No     |       |                                |                          |   |                          |                          |

### ACADEMIC HISTORY

Please list all colleges and universities attended (beginning with current or most recent institution)

| NAME OF INSTITUTION | DATES        | MAJOR FIELD OF STUDY | NAME OF DEGREE | DATE AWARDED OR EXPECTED |
|---------------------|--------------|----------------------|----------------|--------------------------|
|                     | FROM      TO |                      |                |                          |
|                     | FROM      TO |                      |                |                          |
|                     | FROM      TO |                      |                |                          |
|                     | FROM      TO |                      |                |                          |
|                     | FROM      TO |                      |                |                          |

Briefly indicate how you learned about our program, and list the source of information you consulted before you submitted this application.

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**RECOMMENDATION AND SUPPORT FROM YOUR DEPARTMENT CHAIR (see attached form):** A letter of recommendation and support from your Department Chair that allows you to fully participate in the program, and

1. be able to devote 5% protected time and effort throughout the program,
2. be able to devote 33% effort during the summer months, and
3. have access to institutional resources for preparing grant applications

| NAME / TITLE of Department Chair | DEPARTMENT / INSTITUTION | CITY / STATE | TELEPHONE | E-Mail Address |
|----------------------------------|--------------------------|--------------|-----------|----------------|
|                                  |                          |              |           |                |

**RECOMMENDATION FROM A FORMER MENTOR OR COLLEAGUE (see attached form):**

| NAME / TITLE | DEPARTMENT / INSTITUTION | CITY / STATE | TELEPHONE | E-Mail Address |
|--------------|--------------------------|--------------|-----------|----------------|
|              |                          |              |           |                |

Please submit the Letters in sealed envelopes with your application or have the recommender mail it directly to the SIPID Program Administrator, SUNY Downstate Medical Center, 450 Clarkson Avenue, Box #1199, Brooklyn, New York 11203. No evaluation of the applicant’s materials will be performed until these letters are received.

**ATTACH YOUR CURRICULUM VITA**

**ATTACH A SUMMARY of your academic and/or work and research experience in these areas:**

- 1) Biostatistics (use of SPSS), and
- 2) Biological sciences
- 3) Health Disparities Research

**ATTACH A STATEMENT OF RESEARCH INTEREST**

Describe on **one** separate page your research interest in Cardiovascular Health Disparities Research. Outline your professional goals, and suggest the topics or issues you may want to explore as part of the program.

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| <p><b>Check List of Items to be included:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Application</li> <li><input type="checkbox"/> Most Current CV</li> <li><input type="checkbox"/> Summary of Academic Work/Experience</li> <li><input type="checkbox"/> Statement of Research Interest</li> <li><input type="checkbox"/> Support/Recommendation from your Department Chair</li> <li><input type="checkbox"/> Recommendation from Former Mentor or Colleague.</li> </ul> |
|---|