



**Biomedical Informatics, Genomics and Translational Cancer Research  
Training Program (BIG-TCR)  
Predocctoral Fellowship Application Form**

**Applicant Information**

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Address (street, city, state, zip code):

\_\_\_\_\_

Email: \_\_\_\_\_ Email (permanent): \_\_\_\_\_

Phone: \_\_\_\_\_

Graduate school: \_\_\_\_\_

Program in graduate school (if available): \_\_\_\_\_

Current advisor(s): name, UTHealth school and department:

\_\_\_\_\_

\_\_\_\_\_

Which year did you enter the graduate school? \_\_\_\_\_

**Have you completed a course in the Responsible Conduct of Research in your predoctoral training?**    Yes             No

If Yes, when did you take the course? \_\_\_\_\_

**Main milestones you have completed in your doctoral program (e.g. qualification exam)**

\_\_\_\_\_

**Citizenship or Visa:** US Citizen / Permanent Resident of the US             Visa

If Visa, please provide your visa type and expiration date: \_\_\_\_\_

**Are you currently being supported by other training grants or fellowships?**

Yes             No

If Yes, please provide the information:

\_\_\_\_\_

**Department administrator (stipend process):** \_\_\_\_\_

**Administrator's phone number:** \_\_\_\_\_

**Administrator's email:** \_\_\_\_\_

**Additional Applicant Information (Requested for reporting)**

**Gender:** Female  Male  Other  Prefer not to answer

**Race:** African American  Alaskan Native/ Native American  Asian

Native Hawaiian/Pacific Islander  White  Other  Prefer not to answer

**Ethnicity:** Latino/Hispanic  Not Latino/Hispanic  Prefer not to answer

**Do you have a disability?** Yes  No  Prefer not to answer

**Prior Research Summary**

**Publications (published peer-reviewed articles, no more than 10, please specify your name in the author list):**

**Abstracts (no more than 10, please specify your name in the author list):**

**Education** (detailed proof required in the academic transcript)

<b>Degree</b>	<b>Institution</b>	<b>Major</b>	<b>Date of degree received (month/year)</b>	<b>GPA (with scale)</b>

**Reference**

Please arrange one reference letter from an external supporter. Recommendation letter should be signed and sent as a pdf file to [BIG.TCR@uth.tmc.edu](mailto:BIG.TCR@uth.tmc.edu) before 23:59 pm, October 11, 2021.

**Referee name:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Institutional Email:** \_\_\_\_\_

**Mentor Information (one in BIG and other in TCR area)**

**Primary mentor information:**

**Name:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Institute:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Research field:**    BIG\*         TCR#

**Co-mentor information:**

**Name:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Institute:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Research Field:**    BIG\*         TCR#

**BIG\*:** Biomedical Informatics and Genomics

**TCR#:** Translational or Basic Cancer Research

**Applicant Attestation**

I hereby declare that the above information is complete and truthful.

Please sign your name – stamps are not acceptable for this form.



Applicant Signature



Date

**Mentorship Agreement**

I agree to serve as a mentor of this trainee during CPRIT fellowship if awarded and join BIG-TCR training program as a mentor (if not a mentor yet).

Primary mentor: I also agree to cover additional cost of this trainee during CPRIT fellowship.

Please sign your name – stamps are not acceptable for this form.



Primary Mentor Signature



Date



Co-Mentor Signature



Date



**Personal Statement** (The statement should discuss your short-term and long-term career goals, your interest in cancer research and your intention to enroll in any courses provided by the competency-based BIG-TCR Predoctoral Training Program, which includes the responsible conduct of research, research proposal writing, workshop, core lab rotation, and BIG-TCR annual retreat. Limited to one page; Might edit on word file and convert to pdf file):

**Research Statement** (The statement should include research title, abstract, specific aims, background and significance, study design and methods, impact and relevance to both the BIG and TCR area, and expected outcomes. Limited to two pages. References may be included in additional pages; Might edit on word file and convert to pdf file):

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**Training Plan** (Please describe which competency-based training courses will be part of the fellowship, and how mentors will supervise the trainee. This may include course work, presentation & writing training, computational training workshop, as well as laboratory trainings. Limited to one page; Might edit on word file and convert to pdf file):

### **Applicant's Checklist for Required Application Materials**

All application materials, including *Curriculum Vitae*, academic transcripts, and letters of recommendation must be sent to [BIG.TCR@uth.tmc.edu](mailto:BIG.TCR@uth.tmc.edu) before **11:59 pm of October 11, 2021**. The selected candidates will be available for interview between **October 18** and **October 29, 2021**. Detailed interview procedure will be included in the next step.

- Application form includes application information, personal statement, research statement, and training plan.
- Applicant's *Curriculum Vitae* (list essential educational and academic records)
- Copies of academic transcripts (transcripts from Undergraduate and Graduate School are required, others are optional)
- Two Mentors' NIH Biosketch (no more than 5 pages for each mentor)
- Recommendation letter from primary mentor
- Recommendation letter from co-mentor
- One letter of recommendation from an expert outside of UTHealth
- Applicant's attestation
- Mentorship agreement