

ATS Fellowship in Health Equality and Diversity

Application Title: _____

Applicant's Name: _____
Last, First, Middle Initial

Applicant's Contact Info: _____
Address

Address

Telephone *Email Address*

Applicant Organization: _____
Name

Applicant's Main Mentor: _____
Name (Last, First, Middle Initial)

Years Remaining in Training _____ **Years on faculty** _____ **Dollars requested** _____
 (if applicable) (if applicable)

The ATS is committed to fostering diversity and inclusion across all ATS activities and events. Please indicate with which of the following groups you identify (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic, Latino, or of Spanish Origin
- Native Hawaiian or Other Pacific Islander
- White
- Other, Please specify _____

- Lesbian, Gay, Bisexual, Transgender, or Questioning

- First in family to graduate from college
- Other personal disadvantage, Please specify _____

Approving Official: _____
Name

Application Checklist		
Item	Page limit	Page
Face page	1	_____
Budget justification	1	_____
Candidate's bio	2-4	_____
Mentor's bio	2-4/mentor	_____
Career Statement	1	_____
Mentor's Statement	2	_____
Project Summary	1	_____

_____ *Address*
 _____ *Address*
 _____ *Telephone* *Email*

Signatures	
Applicant	_____ <i>Signature and Date</i>
Mentor	_____ <i>Signature and Date</i>
Approving Official	_____ <i>Signature and Date</i>