EMORY | LANEY GRADUATE SCHOOL

KL2 Application Cover Sheet
Applicant Information

University Affiliation: _____ Emory _____ Georgia Tech _____ MSM _____ UGA

Full Name: _____ Preferred Name:_____

Mailing Address: _____

_____

E-mail: _____ Alternative E-mail: _____

Phone: _____ (office) _____ (cell) _____(PIC or Pager)

Date of Birth: _____

Educational Degrees Attained: _____

Current Title: _____

School, Department, Division (if applicable):

_____

_____

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 KL2 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: _____

Research Area of Interest: _____

Title of Research Project: _____

_____

_____

Total Funding Requested in Year One: $_____

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: _____

Signatures

Per NIH rules, a KL2 applicant may not have pending an application for any other NIH PHS mentored career development award.
I do not have pending any other applications for NIH PHS mentored career development awards:

_____

Applicant's Signature

	Full Name (typed or printed)	**Signature**
Lead Mentor	_____	_____
Co-Mentor	_____	_____
Department Chair	_____	_____
Division Director (if applicable)	_____	_____