# ReConNecT-IT T32 APPLICATION FORM:

**NAME:**

**DATE:**

**PRIMARY RESEARCH MENTOR:**

**CLINICAL MENTOR (if known):**

**Eligibility:**

- Degree:

- US citizen or visa status:

- Residency and date of graduation:

- Fellowship and date of graduation (or N/A):

*2 application points are possible: (1) as early as PGY3 during residency training, although T32 funding will not start until after completion of residency, OR (2) end of residency/clinical fellowship training.*

**PERSONAL STATEMENT:**

*Below please describe your background and how the ReConNecT-IT T32 would further your career goals.*

**PRIOR SUPPORT FROM FEDERAL GRANTS:**

*Below please describe any prior support you have received from federal grants (NRSA, other training grants).*
*If you have not had prior support, please enter NONE.*

**CURRENT EXTERNAL SUPPORT:**

*Below please describe any current external support you have been awarded for salary, research costs.*
*Please also list any of your **primary mentor's support** that will be used for your research costs.*
*If there are grants under review, please list those and denote that they are under review. If there is none,*
*please enter NONE.*

**MENTOR STATEMENT:**
I have seen and approved the applicant's research plan:        YES
Signature:

Date:

**RESEARCH PLAN:**
*Please fill in below. Optional: attach 1 page of figures.*

***SPECIFIC AIMS:***

***PROPOSAL SUMMARY:***