

COLORADO BIOMEDICAL INFORMATICS SUMMER TRAINING FELLOWSHIP APPLICATION

Name: _____
First Middle Last

Birth Date _____ (mo/day/year)

*** Please note that only U.S. citizen or Permanent Residents are eligible for this program ***

How were you referred to this program? _____

Current Mailing Address:

Permanent Mailing Address (if different than current):

E-mail: _____ Telephone: _____

University / College and Major: _____

How many semesters in college:
_____ semester

Intended graduation date: _____
(month/day/year)

Current cumulative GPA: _____

Disciplines of special interest in the bioinformatics and biomedical informatics: (Check all that apply)

- Clinical Research Informatics Translational Bioinformatics
- Next Generation Sequence Analysis Computational Pharmacology
- Molecular Evolution Text Mining
- Genomics Metagenomics
- Visual Analytics Microarray Analysis
- Network Analysis Biomedical Ontology

I am a member of the following underrepresented group or category: (Check all that apply)

- African American Pacific Islander Hispanic
- American Indian Alaska Native First generation college attendee
- Low Income other (Specify _____)
- I choose not to disclose

ON A SEPARATE PAGE, DESCRIBE YOUR CAREER GOALS AND EXPLAIN HOW THIS FELLOWSHIP WILL CONTRIBUTE TO THOSE GOALS.

Send:

1. This application (page 2 only)
2. 2 letters of recommendation from faculty members or advisors
3. A copy of your transcript (official or unofficial)
4. Your personal statement

By April 1, 2016 to:

Colorado Biomedical Informatics Summer Training Fellowship

University of Colorado Anschutz Medical Campus

C/O Elizabeth Wethington, MailStop 8303

12800 E. 19th Avenue, Aurora, CO 80045

Or e-mail all application components to elizabeth.wethington@ucdenver.edu