**HIV Prevention Trials Network (HPTN)**

**Scholars Program Application**

*Select ONE: [DSP14] or [ISP9]*

***\*\* Please Note: For an application to be considered, every field is required to be completed. \*\****

Applicant’s Name (Last, First, Middle):

Preferred First Name (if different):

Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address:

 Street Number and Name Apartment/Unit Number

City State Zip Code

Telephone (with area code): ( ) ( )

 Cell Office

E-mail Address:

 Primary Secondary

Permanent Address (if different than above):

 Street Apartment/Unit Number

City State Zip Code

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| Demographic Information  |

Gender (self-identified):

Date of Birth:

 (MM/DD/YYYY)

U.S. Citizen or permanent resident? [ ]  YES [ ]  NO [ ]  Not Applicable

Race/Ethnicity (self-identified):

[ ]  American Indian or Alaskan Native

[ ]  Asian

[ ]  Black, African American, Afro-Caribbean

[ ]  Hispanic, Latino, Latina

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  White or Caucasian

[ ]  Other Racial/Ethnic Self-Identification (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Not Applicable (*International Applicants Only*)

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| Letters of Support  |

**Letters must be provided directly from the letter author to** scholarspm@hptn.org**.**

**I (\_\_\_\_ do) or (\_\_\_\_ do not) waive my right to review these letters.**

 YOU MUST PUT AN “X” in front of your choice on the line above.

1. **HPTN Mentor – Name, Degrees, Title**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_

Telephone (with area/country code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Supervisor from Home Institution - Name, Degrees, Title:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_

Telephone (with area/country code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **One additional professional letter of recommendation (past mentor/professor/employer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (with area/country code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Personal Statement/Statement of Intent |

Please describe how the mentored HPTN Scholars Program experience would foster your research career.

**(Max. 1000 words).**

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| Research Experience |

Prior research experience is required to be considered for the program. Please list an institution, mentor, and one project describing your role in it. If multiple prior experiences, present your most relevant research experience to the HIV Prevention Trials Network ([www.hptn.org](http://www.hptn.org)). You may give further detail and/or review your other research experiences in your personal statement section below.

**Maximum 150 words.**

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| Statistical Resources |

Please indicate whether any statistical help will be needed for your proposal.

Is data or statistical support needed from the *HPTN SDMC (Statistical and Data Management Center) at SCHARP*? [ ]  YES [ ]  NO

Are you planning to do the analyses on your own? [ ]  YES [ ]  NO

***Note****: The core HPTN Scholar “deliverable” is one substantial research paper based on an eligible HPTN study. However, when the opportunity arises for further scientific productivity on the Scholar’s core project (i.e., more than one paper), SCHARP will either provide the needed data for Scholar use or will provide additional SCHARP support if this is possible at the time of the work. This will be dependent upon Network resources.*

*\*Domestic Program applicants use “DSP14”.*

*\*International Program applicants use “ISP9”.*