**HPTN Scholars Program**

**Application Checklist**

**Application**

[ ]  Scholars Program Application

* Use “lastname\_Application *[DSP15] or [ISP10] “*
* This should be in .**pdf** format

[ ]  Additional copy of project proposal

* Use “lastname\_Project Proposal *[DSP15] or [ISP10]* ”
* This should be in **Word** (.**doc)** format

**PHS 398 proposal** (a proposal package used by the U.S. NIH for new grants). The file should be all one .**pdf** format and should be titled “lastname\_PHS 398 *[DSP15] or [ISP10]* ”. It should include:

[ ]  **Signed** Face Page

[ ]  Detailed budget

* + This consists of Form Page 4 – two total detailed budgets:
	+ One for the first six-month (6) funding period (6), **01 June 2025 through 30 November 2025**
	+ One for the following twelve-month funding period, **01 December 2025 through 30 November 2025)**

[ ]  Budget justification for each period of performance

* + This should be listed on the “Continuation Format Page” (which is a written justification of Attachment 1, in next section, below)
	+ Justifications should be very detailed and thorough; use a separate justification for each funding period (total=2)

[ ]  Biographical Sketch format page(s)

[ ]  PHS 398 Other Support page

[ ]  Checklist Form Page

[ ]  Include a copy of your institutional Negotiated Indirect Cost Recovery Agreement (NICRA) – ***Domestic***

***Applicants Only***

[ ]  **Budget** (in .**pdf** format, titled “lastname\_Attachment 1 *[DSP15] or [ISP10]* ”) - must be customized for the applicant’s situation and encompass:

* Salary support, up to 30%
* Fringe benefits as per the Scholar’s institution of origin
* Travel to the mentor’s location (local or out-of-town, depending on the location of the site and the home of the Scholar)
* Travel to two HPTN Annual meetings: May 31-June 4, 2025 and May 16-20, 2026
* Travel to one other professional meeting
* Travel to networking and skills-building training (date TBA; Seattle, WA)
* Scholar-related expenses up to $2,250/year that may include books, software, communication, photocopying, and/or a computer or related hardware.

**Additional information:**

[ ]  Verification of current human subjects protection (HSP)

* Use “lastname\_GCP *[DSP15] or [ISP10]* ”

[ ]  Verification of current good clinical practice (GCP) training

* Use “lastname\_HSP *[DSP15] or [ISP10]* ”

[ ]  The last available financial audit from your institution

* Use “lastname\_Fin Audit *[DSP15] or [ISP10]* ”

**Letters of Support** must be sent directly to the Scholars Program Management Team (scholarspm@hptn.org) from the recommender.

Confirm letters of support have been submitted by:

[ ]  HPTN Mentor (Name, Email, Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Current Supervisor (Name, Email, Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other Professional Recommender (Name, Email, Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mentorship Agreement:**

[ ]  Signed and dated by the Scholar and mentor(s)

**Signatures:**

Scholar Name (printed): \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholar Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Mentor (Primary) Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_

*\*Domestic Program applicants use “DSP15” as document* *abbreviation for Domestic Cohort 15.*

*\*International Program applicants use “ISP10” as document abbreviation for International Cohort 10.*