**HIV Prevention Trials Network (HPTN)**

**Scholars Program Application**

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

Cohort:  Domestic  International

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): Select All That Apply

American Indian or Alaska Native

Asian or Asian American

Black, African, African American or Afro-Caribbean

Hispanic, Latino/a/x, or Spanish

Native Hawaiian or Other Pacific Islander

White or European American

None of these fully describe be (please describe in your own words): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Letters of Support |

**Letters must be provided directly from the letter author to** [scholarspm@hptn.org](mailto:scholarspm@hptn.org)**.**

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

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

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

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

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

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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 500 words.**

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| Statistical Resources |

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

1. **Is data needed from the *HPTN SDMC (Statistical and Data Management Center) at SCHARP*?**

YES  NO

1. **Is statistical support (analysis support) needed from the *HPTN SDMC (Statistical and Data Management Center) at SCHARP*?**

YES  NO

1. **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.*