



EMORY

LANEY
GRADUATE
SCHOOL

**KL2 Application Cover Sheet
Applicant Information**

University Affiliation: Emory Georgia Tech MSM UGA College of Pharmacy

Full Name: _____ Preferred Name: _____

Mailing Address: _____

E-mail Address: _____

Phone: _____ (office) _____ (cell) _____ (PIC or Pager)

Date of Birth: _____

Educational Degrees Attained: _____

Current Title: _____

School, Department, Division (if applicable):

Emory Employee ID (If you are not with Emory University, leave blank): _____

Have you ever applied to Emory University in the past? (This question is important because if you applied to Emory at any time, whether or not you enrolled, you already have an Emory ID number in the Emory data system.)

The following questions are required for NIH reporting (Please note: only U.S. Citizens or Permanent Residents are Eligible for the KL2 Program):

Citizenship: U.S. Citizen U.S. Permanent Resident

City, State, and Country of Birth: _____

Gender: _____

Race: American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander
 Black White More than one Race

Ethnicity: Hispanic

Are you from a disadvantaged background? Yes No
(NIH Definition of Disadvantaged Background: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-053.html>)

Do you have any disabilities? Yes No

(more on page 2)

Research Information

NIH ERA Commons Username: _____

Research Area of Interest: _____

Title of Research Project: _____

Total Funding Requested in Year One: \$_____

Mentor Information

For each person below, provide name, degree, department, division, school, and university

Mentor: _____

Mentor's E-Mail Address: _____

Co-Mentor (if applicable): _____

Co-Mentor's E-Mail Address: _____

Advisory Committee Member: _____

Advisory Committee Member E-Mail Address: _____

Advisory Committee Member: _____

Advisory Committee Member E-Mail Address: _____

Advisory Committee Member: _____

Advisory Committee Member E-Mail Address: _____

Signatures

Per NIH rules, a KL2 applicant may not have pending an application for any other NIH PHS mentored career development award.

I do not have pending any other applications for NIH PHS mentored career development awards:

Applicant's Signature

Full Name (typed or printed)

Signature

Lead Mentor _____

Co-Mentor _____

Department Chair _____

Division Director (if applicable) _____