



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

**J. Willis Hurst Internal
Medicine Residency Program
Department of Medicine**

Application Information

Full Name: _____ **Preferred Name:** _____

Mailing Address: _____

E-mail Address: _____

Phone: _____ **(Office)** _____ **(Cell)** _____ **(PIC or Pager)**

Date of Birth: _____

Educational Degree Attained: _____

Current Title: _____

School, Department, Division where research activities are housed: _____

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

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

City, State, and Country of Birth: _____

Sex: _____ Male _____ Female

Race: _____ American Indian/Alaska Native _____ Asian _____ Native Hawaiian/Other Pacific Islander

_____ Black _____ White _____ More than one Race

Ethnicity: _____ Hispanic _____ Non-Hispanic

Are you from a disadvantaged background? _____ 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, and division.

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

	Full Name (type or Print)	Signature	Date
Applicant:	_____	_____	_____
Lead Mentor:	_____	_____	_____
Co-Mentor:	_____	_____	_____
Program Director:	_____	_____	_____
Department Chair:	_____	_____	_____