



Senior Fellow Program National Institutes of Health

Application Form *Please type or print using black ink.*

NIH Sponsor's Name: _____

Assignment Period: _____

Title/Purpose of Assignment: _____

Name: _____
Title First M.I. Last

Current Position/Status: Scientist Faculty Other _____

Highest Degree: _____ Date Conferred: _____

Discipline: Medicine Public Health Life Sciences Other: _____

Current Institution: _____

Department: _____

Address _____
City State Zip Code

Office Phone: _____ Dept. Phone _____ Fax: _____

Home Phone: _____ Email: _____

Permanent Address: _____

Preferred Mailing Address: _____

Citizenship:
 U.S. Citizen: Yes No SSN: _____
 Legal Permanent Resident: Yes No LPR number: _____
 Country of Citizenship: _____ Type of Visa: _____

Please include a copy of your current curriculum vita with this application.

I understand that all information supplied in support of this application will be transmitted to the National Institutes of Health.

Signature _____ Date _____

Return to: Barbara Dorsey, Senior Program Specialist
 Science and Engineering Education, MS 36
 Oak Ridge Institute for Science and Education
 P.O. Box 117, Oak Ridge, Tennessee 37831-0117
 Phone: (865) 576-9975, Fax: (865) 241-5220
 E-mail: dorseyb@ornl.gov



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Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect our decision regarding your application. We appreciate your cooperation.

Name _____ Date: _____

Citizenship: USA Legal Permanent Resident (LPR)
 Foreign National: Country _____

If U.S. citizen, please complete the following:

Race and/or Ethnic Origin (check only one)

- Caucasian American
- African American
- Hispanic American
- Native American
- Asian or Pacific Islander American
- Other

Birth Date (month, day, year) _____

Gender: Male Female

Physical/Mental Disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment):

Yes No

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