

# **Fogarty Global Health** Training Program

Harvard University Northwestern University University of New Mexico

**Boston University** 

## **Fellowship Application**

#### HBNU Fogarty Global Health Research Training Program:

A Partnership of Harvard University, Boston University, Northwestern University, and

#### **University of New Mexico**

#### 2025–2026 Fellowship Application

All applications are due electronically by 11:59pm EST on October 1st, 2024. If you have any questions, please contact efine@hsph.harvard.edu.

The HBNU Fogarty Global Health Research Training Program is accepting applications from U.S. pre- and post-doctoral candidates and post-doctoral candidates from collaborating LMIC sites. For more information about the eligibility criteria and program components, please refer to the **HBNU** website.

Prior to beginning this application, please be sure you have done the following:

- Identified two primary mentors. One must be from a U.S. HBNU institution (Harvard University, Boston University, Northwestern University, or University of New Mexico); the other must be from your LMIC HBNU-affiliated site. Please note that while you may have additional mentors, it is expected that your HBNU mentors will be actively involved in your fellowship.
- 2. Compiled all required documents listed in the application components.

I am applying as (please use what your status will be as of July 1, 2025):

O U.S. Pre Doctoral Fellow: doctoral student, (PhD, DrPH, etc) or professional student (MD, DDS, DVM, PharmD, etc.) Please specify the university name.

O U.S. Post Doctoral Fellow

O LMIC Post Doctoral Fellow from an affiliated international institution

# Which HBNU U.S. consortium member are you affiliated/collaborating with for this fellowship?

Note: this should correspond with the institution of your U.S. mentor.

- O Harvard T.H. Chan School of Public Health
- O Boston University School of Public Health
- O Northwestern University
- ${\sf O}$  University of New Mexico

How did you hear about this program?	
Attended the info session webinar	
Spoke with a PI or faculty member	
Was recommended by a mentor	

- Heard about the program from a colleague
- Saw advertisement in newsletter or email outreach
- Found application on the HBNU website

Other (please specify)

#### **Basic Information**

### Applicant Information & Demographics

#### Personal and contact information

Full Name

First (Given) Name

Middle Name

Last (Surname) Name

**Current Address** 

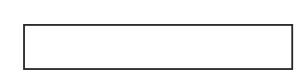
Street Address

City

State/Territory/Province/Region

Postal Code

Country



Is your permanent address **different** than your current address provided above?

O No

O Yes (please write your permanent address below, including the street address, city, state, postal code, and country)

E-mail Address

Telephone Number (with country code)

### **Applicant demographics**

Are you a...

O U.S. Citizen

 ${\sf O}$  U.S. Permanent Resident (Please provide green card number)

 $O\,$  Citizen of a country other than U.S. (Please specify country)

#### What is your sex?

- O Male
- O Female

0	Other, please specify
O Prefer not to respond	

#### Date of Birth

Month 
Day 
Year 
Var

#### Ethnicity

10

O Not Hispanic or Latino

Race (Please check ALL that apply)

🗋 American Indian/Alaska Native	
---------------------------------	--

🗌 Asian

Black or African American

🗌 Native Hawaiian or other Pacific Islander

Uhite or Caucasian

Other racial identification (please specify)

Do you have a physical or mental disability that substantially limits one or more major life activities?

O No

# The NIH defines "disadvantaged background" as those who meet two of the following criteria:

- 1. Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition: <u>https://nche.ed.gov/mckinney-vento/</u>);
- 2. Were or currently are in the foster care system, as defined by the Administration for Children and Families (Definition: <u>https://www.acf.hhs.gov/cb/focus-areas/foster-care</u>);
- 3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: <u>https://www.fns.usda.gov/school-meals/income-eligibility-guidelines</u>);
- 4. Have/had no parents or legal guardians who completed a bachelor's degree (see <a href="https://nces.ed.gov/pubs2018/2018009.pdf">https://nces.ed.gov/pubs2018/2018009.pdf</a>);

- 5. Were or currently are eligible for Federal Pell grants (Definition: <u>https://www2.ed.gov/programs/fpg/eligibility.html</u>);
- 6. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child (Definition: <u>https://www.fns.usda.gov/wic/wic-eligibility-requirements</u>).
- 7. Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer (<u>https://data.hrsa.gov/tools/rural-health</u>), <u>or</u> b) a <u>Centers for Medicare and Medicaid</u> <u>Services-designated Low-Income and Health Professional Shortage Areas</u> (qualifying zipcodes are included in the file). Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.

Do you come from a disadvantaged background?

- O Yes
- O NO

#### **Education & Current Position**

# Please list your terminal degree(s) and the year completed (e.g., DDS, DVM, MD, PhD, etc.).

Note: if you have not yet completed the degree, please indicate the expected completion

Please tell us the discipline/specialty of your degree(s) (e.g., internal medicine, epidemiology, etc.).

Do you have working knowledge of any language other than English? Please list any languages and level of proficiency (e.g., beginner, working/conversational, fluent).

What is your current professional title (e.g., postdoctoral fellow, lecturer, etc.)?

What is the name of your current institution/employer?

#### What is the name of your current department?

#### **Proposal Information**

#### **Fellowship Research Proposal**

In this section, you will provide brief information about your proposed fellowship research.

Research Study Title

# Please select the primary research area for your proposed fellowship research.

For more information about the NIH definition of medium and high priority HIV/AIDS research areas please review

<u>this page</u>.

O Medium or high priority HIV/AIDS

- O Maternal and child health and nutrition
- O Non-communicable diseases
- O Mental health

Other, please specify

In addition to the primary research areas listed above, NIH Institutes, Centers, and Offices (ICOs) may support HBNU Fogarty Fellowship projects which align with their research priorities. Please review the priorities to determine whether your project may align with one or more ICO. <u>You can find</u> <u>more information here.</u>

# Please indicate whether your proposed fellowship research aligns with the priorities of any of the following NIH ICOs (select all that apply)

National Cancer Institute (NCI)
National Eye Institute (NEI)
National Heart, Lung, and Blood Institute (NHLBI)
National Human Genome Research Institute (NHGRI)
National Institute on Aging (NIA)
National Institute on Alcohol Abuse and Alcoholism (NIAAA)
National Institute of Allergy and Infectious Diseases (NIAID)
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
National Institute of Biomedical Imagine and Bioengineering (NIBIB)
<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development (NICHD)
National Institute on Deafness and Other Communication Disorders (NIDCD)

- □ National Institute of Dental and Craniofacial Research (NIDCR)
- □ National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- □ National Institute on Drug Abuse (NIDA)
- □ National Institute of Environmental Health Sciences (NIEHS)
- □ National Institute of General Medical Sciences (NIGMS)
- □ National Institute of Mental Health (NIMH)
- □ National Institute on Minority Health and Health Disparities (NIMHD)
- □ National Institute of Neurological Disorders and Stroke (NINDS)
- □ National Institute of Nursing Research (NINR)
- □ National Library of Medicine (NLM)
- □ NIH Clinical Center (CC)
- Center for Information Technology (CIT)
- Center for Scientific Review (CSR)
- □ National Center for Advancing Translational Sciences (NCATS)
- □ National Center for Complementary and Integrative Health (NCCIH)
- Office of AIDS Research (OAR)
- Office of Behavioral and Social Sciences Research (OBSSR)
- Office of Disease Prevention (ODP)
- Office of Research on Women's Health (ORWH)

Please select the HBNU-affiliated LMIC site where you will carry out your fellowship research project if accepted into the program. *Please note that your LMIC site mentor should be affiliated with your chosen site.* 

- O International Centre for Diarrheal Disease Research Bangladesh (icddr,b), Bangladesh
- O Botswana-Harvard AIDS Institute Partnership (BHP), Botswana
- O Addis Continental Institute of Public Health (ACIPH), Ethiopia

- O The University of Ghana, Ghana
- O Public Health Foundation of India (PHFI) & Centre for Chronic Disease Control (CCDC), India
- O Maseno University and School of Medicine, Kenya
- O University of Sciences, Techniques, and Technologies of Bamako (USTTB), University of Bamako, Mali
- O Aminu Kano Teaching Hospital (AKTH), Nigeria
- O University of Ibadan, University College Hospital, Nigeria
- O University of Jos and Jos University Teaching Hospital (JUTH), Nigeria
- O University of Lagos, College of Medicine and the Lagos University Teaching Hospital (LUTH), Nigeria
- O Universidad Peruana Cayteano Heredia (UPCH), Peru
- O University of Global Health Equity (UGHE), Rwanda
- O Health Economics and Epidemiology Research Office (HE2RO), a Division of the Wits Health Consortium, South Africa
- O The University of Cape Town (UCT), South Africa
- O The University of KwaZulu-Natal (UKZN), HIV Pathogenesis Program (HPP), South Africa
- O Weill Bugando Medical Centre (BMC), Tanzania
- O Muhimbili University of Health and Allied Sciences (MUHAS), Tanzania
- O Kilimanjaro Christian Medical Center (KCMC), Tanzania
- O Mbarara University of Science and Technology (MUST), Uganda
- O The University of Zambia School of Public Health (UNZA), Zambia

Applicants are required to have <u>two primary mentors</u>: one mentor from a U.S. HBNU institution (Harvard University, Boston University, Northwestern University, and University of New Mexico) and one mentor from a HBNU-affiliated international site (see <u>HBNU website for the full list</u>). **Please list your two primary mentors below:**  Please note that while many fellows may have multi-mentor teams and/or additional mentors depending on the needs of their research project, applicants MUST specify their two primary mentors affiliated with their U.S. and international HBNU sites. It is expected that fellows will work closely with their HBNU mentors to conduct their fellowship research.

U.S. Mentor Name

LMIC Mentor Name

#### **Fellowship Plan Statements**

### **HBNU Application Attachments**

## Personal Statement (<800 words)

Please describe why you are interested in an international mentored research training experience. We are particularly interested in hearing how your career goals relate to global health and how this program will benefit your professional development as a researcher.

## Please submit this document as a PDF and name the file "1\_LAST NAME\_Personal Statement"

### **Research Proposal** (<1,000 words)

Describe your proposed research project. Please use the following format:

- a. Research Project Title
- b. Specific Aims
- c. Research Plan
  - i. Significance
  - ii. Innovation
  - iii. Approach/Methods
- d. References (does not count toward word limit)

Applicants should be sure to A) provide an explicit discussion of the significance of the proposed research; B) provide some demonstration of sufficient power to draw conclusions (e.g., power analyses) or discuss what informed the numbers; C) provide a clear description of the training benefits likely to be derived from the scope of work proposed.

## Please submit this document as a PDF and name the file "2\_LAST NAME\_Research Proposal"

# IRB & Ethical Approval Plan (<500 words)

Describe your timeline for applying for Institutional Review Board and ethical approvals. This should include the U.S. (HBNU institution) and international collaborating institution/national IRBs. Please be sure to include all IRBs/ethical review boards from which you will seek approval.

## Please submit this document as a PDF and name the file "3\_LAST NAME\_IRB Plan"

Additional Funding (if applicable) (<300 words) Please describe any additional sources of funding that you have available for your project/fellowship, or that you are applying for. This includes T32, D43, or MEPI grant support, secondary fellowships, K-awards, etc. If none, please do not upload any files for this item.

# (If applicable) Please submit this document as a PDF and name the file "4\_LAST NAME\_Co-funding"

# Fellowship Timeline (<500 words)

Describe what you intend to accomplish within the 12-month time frame (official fellowship dates are July 1st to June 30th), the feasibility of the study within the available time frame, and the next steps to advance your research. Be sure to account for the time needed to obtain ethical approvals prior to beginning your research.

## Please submit this document as a PDF and name the file "5\_LAST NAME\_Fellowship Timeline"

LMIC U.S. Short-term Training Proposal (<500 words) LMIC fellows will travel to their U.S. HBNU site for 1-3 months during the fellowship year. Please discuss this with your mentors and submit a short proposal of the activities you will engage in during your time in the U.S. Some examples include, but are not limited to:

- 1. In-person meetings with your U.S. mentor
- 2. Attending research meetings, presentations, or courses at your U.S. HBNU institution

- 3. Attending or presenting your fellowship work at a conference
- 4. Use of specialized lab equipment not available at your international research site

## Please submit this document as a PDF and name the file "5a\_LAST NAME\_US Training Plan"

# Budget (<500 words)

Please provide a high-level budget that outlines the major costs needed to complete your research. This budget should only include direct costs for your research and may include costs associated with research dissemination. Travel and living expenses should not be included in this budget. Please note that the total amount for research funds allowed under this fellowship is \$15,000.

# Please submit this document as a PDF and name the file "6\_LAST NAME\_Budget"

### **NIH Style Biosketch**

For instructions on how to format your biosketch, please refer to the <u>NIH guidelines</u>. You must submit a biosketch for:

- a. Yourself
- b. Your HBNU-affiliated U.S. Mentor
- c. Your international site mentor

Please ensure you and your mentors' biosketches are in the most up-to-date format and are an exact match to the relevant NIH template. You and your mentors should tailor your biosketches to this application (e.g., at the very least, mentor biosketches must make a general reference to their history and experience with mentorship).

# Please submit all biosketches as PDF documents and name them "LAST NAME\_NIH Biosketch"

### **Applicant fellowship biosketch**

### U.S. HBNU mentor biosketch

#### LMIC HBNU mentor biosketch

## Transcripts (doctoral and professional students only)

Doctoral and professional student applicants must provide a copy of their most recent transcript. Non-official transcripts are preferred. (Post-doctoral applicants do not need to include a transcript). Please upload a scan of your transcript in PDF format.

# (If applicable) Please submit this document as a PDF and name the file "8\_LAST NAME\_Transcript"

### **Mentorship Plan** (<800 words)

Describe your proposed mentorship plan. This should include:

a. The names, affiliations, and background of your U.S. HBNUaffiliated mentor and LMIC Site Mentor. Please also include a justification for choosing each mentor and whether you have previously worked with each mentor b. Involvement of each mentor in your research (i.e., the research activities in which they will participate)

c. Frequency and location of meetings

d. Goals of the mentoring relationship

e. Examples of practical experiences to be gained, including career development activities, and any courses and/or evaluative benchmarks for success

f. Examples of any available resources and/or mentoring and research infrastructure for the proposed project

# Please submit this document as a PDF and name the file "9\_LAST NAME\_Mentorship Plan"

#### Block 6

#### **Letters of Support**

All applicants must submit two letters of support from their mentors. The first letter of support should be from your U.S. mentor. Fellows must have the support of at least one program-affiliated faculty mentor from one of the four participating consortium institutions (Harvard T.H. Chan School of Public Health, Boston University School of Public Health, Northwestern University, and University of New Mexico). Applicants must have communicated with their proposed faculty mentor(s) to obtain their endorsement of the application and submit a letter of support from the faculty member at the consortium institution who has agreed to serve as the applicant's primary research mentor.

The second letter of support should be from your LMIC mentor. <u>Fellows must have the support of at least one mentor</u> <u>from their HBNU-affiliated international site</u> that is willing to serve as the fellow's international site mentor. International mentors can be found on the <u>respective site pages on the</u> <u>HBNU website</u>.

Please submit your signed letters of support as PDF documents and name the files "MENTOR LAST NAME\_LOS"

Letter of Support 1 (U.S. Mentor)

Letter of Support 2 (LMIC Mentor)

# Letter of Commitment (if applicable)

If the applicant will need to take time off from a current academic, residency, or fellowship program or a current position in order to participate in the HBNU program, an additional letter must include the endorsement of the program director or current supervisor. The letter must acknowledge that the applicant, if selected, will be required to work 40 hours per week (at a minimum) on their HBNU project for 12 months. The letter must also describe how the applicant's current workload will be reduced to provide this protected time.

(If applicable) Please submit this as a PDF document and name the file "11\_LAST NAME\_Letter of Commitment"

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