



## **Predoctoral Trainee Application**

### **NIH-Sponsored Musculoskeletal Research Training Grant at Mayo Clinic**

Mayo Graduate School PhD or MD/PhD students are invited to apply for an appointment on the Musculoskeletal Research Training Grant. The applicant must be performing clinical or basic research in a musculoskeletal area.

Click [here](#) for more information.

The following eligibility rules apply:

1. Trainees must be USA citizens or hold a permanent visa (green card).
2. Ideal candidates will have passed their written and oral qualifying exams in the Mayo Graduate School and be engaged in predoctoral research in the laboratory of a faculty member who is a Mentor on the Musculoskeletal Research Training Grant.
3. Trainees must have held an NIH individual fellowship award.
4. The trainee must agree to regularly attend and present at an appropriate journal club approved by the director and the program's grant writing workshop.
5. The trainee agrees to regularly attend the Musculoskeletal Research Conferences, Mondays, 12-1 p.m., and to present a yearly progress report at this forum.
6. Trainees must complete annual progress reports and attend meetings with the Training Grant director, Dr. Westendorf.

Applications must be submitted by the trainee and should consist of the following:

1. Copy of transcripts of undergraduate and graduate courses
2. Scores for the general and advanced GRE examinations or MCAT's
3. A completed application form (attached)
4. List of previous publications with PMC or PMCID numbers, if any
5. Two letters of reference, including one from current mentor

Trainees will be supported for a minimum of one year. Second and third years of support are possible pending a performance review.

The application packet should be delivered to Jennifer Westendorf, Ph.D. at Med Sci 3-69 (Email: [Westendorf.jennifer@mayo.edu](mailto:Westendorf.jennifer@mayo.edu)). The Musculoskeletal Research Training Grant Steering Committee will review the applications.



# Predoc Trainee Application

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NAME (First, MI, Last): \_\_\_\_\_

T32 Project Title (80 characters or less): \_\_\_\_\_

Predoc Advisor(s): \_\_\_\_\_

Mentoring Committee Members: \_\_\_\_\_

Mayo Email: \_\_\_\_\_

Non-Mayo Email: \_\_\_\_\_

Cell phone/text number: \_\_\_\_\_

eRA Commons number (if available): \_\_\_\_\_

Citizenship: \_\_\_\_\_

### EDUCATION / TRAINING:

Institution/Location	Dates Attended	Degree	Dates Conferred (Month/Year)	Field of Study

### PRIOR PREDOCTORAL SUPPORT:

Have you received predoctoral support from an institutional NIH training grant or an intramural training program (e.g., Regen Med)?

(Check one box)     Yes     No

If Yes, indicate below the dates of support, the title of the grant or grant number.

### PROGRAM PROGRESS:

Have you passed you written qualifying exams?

(Check one box)     Yes     No    Year: \_\_\_\_\_

Have you passed you oral qualifying exams?

(Check one box)     Yes     No    Year: \_\_\_\_\_

Anticipated graduation date: Month \_\_\_\_\_ Year: \_\_\_\_\_



**Predoctoral Trainee Applicant**

**NIH-Sponsored Musculoskeletal Research Training Grant at Mayo Clinic**

**Predoctoral Research Description**

Provide a brief description of your career goals and pre-doctoral research project. Please limit your description to 1000

characters (spaces count toward the character limit).

**Previous Research Experiences:**

Provide a description of your past research experiences, including as an undergraduate. Please limit your description to 2000 characters (spaces count toward the character limit).



**Predoctoral Trainee Application  
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Application Checklist**

**A complete application consists of this completed form and the following documents:**

- \_\_\_\_\_ Copy of transcripts of graduate courses
  
- \_\_\_\_\_ Completed application form
  
- \_\_\_\_\_ List of previous publications, if any, with PubMed or PubMed Central ID numbers.
  
- \_\_\_\_\_ Letter of recommendation from predoctoral advisor
  
- \_\_\_\_\_ Letter of recommendation from an established scientist who is familiar with your work habits and your potential to develop into a successful scientist
  
- \_\_\_\_\_ A copy of your IDP
  
- \_\_\_\_\_ Combine all documents except letters into one PDF. Failure to do so will delay the procession of your application. Emails with individual documents will be returned to you.

\* Applications can be sent to:

**Dr. Jennifer J. Westendorf**  
Mayo Clinic  
Med Sci 3-69  
200 First Street SW  
Rochester, MN 55905  
Phone: (507)538-5651  
E-mail: [westendorf.jennifer@mayo.edu](mailto:westendorf.jennifer@mayo.edu)



## Equal Opportunity

Mayo Clinic is an equal opportunity educator and employer. We are committed to developing a diverse environment in research, education, and clinical practice. The information requested is confidential and will not be used to identify any specific individual. You may elect to indicate your self-description by checking the appropriate boxes below.

### 1. What is your ethnicity? Select Hispanic/Latino or Non-Hispanic/Latino.

- Hispanic or Latino       Non-Hispanic

If you selected Hispanic or Latino, select one or more of the following:

- Cuban  
 Mexican, Mexican American, or Chicano/Chicana  
 Puerto Rican  
 South American  
 Central American  
 Other Hispanic/Latino (please specify): \_\_\_\_\_

### 2. What is your race? Select one or more races from the following five major racial groups.

(An individual whose ethnicity is Hispanic can also be White as defined in this questionnaire.)

**American Indian or Alaskan Native**

(A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Specify tribe/community \_\_\_\_\_)

**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.)

Select one or more of the following:

- |                                     |                                      |                                    |
|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Chinese     | <input type="checkbox"/> Indian    |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Korean      | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Pakistani  | <input type="checkbox"/> Filipino    | <input type="checkbox"/> Thai      |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |                                    |

**American Hawaiian or Pacific Islander** (A person having origins in any of the original peoples of Hawaii or the Pacific Islands.) Select one or more:

- Hawaiian  
 Guamanian  
 Samoan  
 Other Pacific Islander (please specify): \_\_\_\_\_

**Black/African American** (A person having origins in any of the black racial groups of Africa. Inclusive of "Haitians" and groups of Afro-Caribbean descent.)

**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

#### OPTIONAL – Gender Identity

- Male       Female       Other \_\_\_\_\_

#### OPTIONAL - Are you from a financially disadvantaged background?

- Yes       No

#### OPTIONAL – Were you the first in your family to attend college?

- Yes       No

#### OPTIONAL – Do you have any physical disabilities or limitations?

- Yes       No