



## Postdoctoral Fellowship Application

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

Postdoctoral applicants 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 at Mayo Clinic. This position offers a stipend (see [NIH guidelines](#)) and travel money. The fellowship will be 2 years in length, with an opportunity to apply for a 3<sup>rd</sup> year.

Click [here](#) for more information.

The following eligibility rules apply:

1. Trainees must have a graduate degree (e.g. Ph.D., M.D./Ph.D., M.D, or D.V.M.)
2. Trainees must have no more than 1 year of postdoctoral support on another NIH institutional training grant.
3. Trainees must be USA citizens or hold a permanent visa (green card).

Trainee Expectations:

1. Trainees must fulfill the NIH-mandated payback obligation if they spend only 1 year on the T32 training grant. See the NIH website or contact Dr. Westendorf for more information.
2. 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.
3. The trainee agrees to regularly attend the Musculoskeletal Research Conferences, Mondays, 12-1 pm and to present a yearly progress report at this forum.
4. Trainees supported by the Musculoskeletal Research Training grant are expected to apply for independent postdoctoral funding (e.g., F32) while they are being supported on the training grant.
5. Trainees must complete annual progress reports and attend meetings with the Training Grant director, Dr. Westendorf, and another faculty member.

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

1. A one-page cover letter describing the status of their postdoctoral training, a description of their research interests and career goals, and how support from the Musculoskeletal Research Training grant will help to pursue those goals
2. A completed training application form
3. A curriculum vitae
4. PMID numbers, PDFs, or reprints of three peer-reviewed manuscripts co-authored by the applicant
5. Two letters of recommendation. These letters should be from your predoctoral advisor and an independent investigator familiar with your previous research. These letters should specifically address your interest and potential in pursuing an independent research career in musculoskeletal research. This letter should be sent directly to Dr. Jennifer Westendorf at [westendorf.jennifer@mayo.edu](mailto:westendorf.jennifer@mayo.edu).
6. A letter of recommendation from your Mayo postdoctoral mentor/sponsor. This letter should include a statement indicating that the mentor supports the trainee's interest in pursuing musculoskeletal-related postdoctoral research, has the resources to support the trainee's research, and will support the trainee's participation in the training grant activities as indicated above. This letter should be submitted by email to Dr. Westendorf.

The Musculoskeletal Research Training Grant Steering Committee will review the applications.



Postdoctoral Fellow Applicant
NIH-Sponsored Musculoskeletal Research Training Grant at Mayo Clinic

NAME (First, MI, Last):

T32 Project Title (80 characters or less):

Postdoc Advisor:

Postdoc Mentoring Committee Members:

Mayo Email:

Non-Mayo Email:

Cell phone/text number:

eRA Commons number (if available):

Name(s) of Predoctoral and Current Advisor(s):

Title of Thesis:

Expected date of graduation (if in progress):

Citizenship:

EDUCATION / TRAINING:

Table with 5 columns: Institution/Location, Dates Attended, Degree, Dates Conferred (Month/Year), Field of Study

PRIOR POSTDOCTORAL SUPPORT:

Have you received postdoctoral support from an institutional NIH training grant or individual NIH postdoctoral fellowship? (Check one box) [ ] Yes [ ] No

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

Large empty rectangular box for providing details of prior postdoctoral support.



**Postdoctoral Fellow Applicant**  
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**T32 Project Title** (80 characters or less):

**Previous Research Experience**

Provide a brief description of your past research experiences (e.g. undergraduate, 1<sup>st</sup> postdoc). There is a 1000 character limit (spaces count toward the character limit).

**Postdoctoral Research Description**

Provide a description of your current or proposed postdoctoral research project (spaces count toward the 4000 character limit).



**Postdoctoral Fellow Applicant  
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Application Checklist**

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

- \_\_\_\_\_ A one-page cover letter describing the status of your postdoctoral training, a description of your research interests and career goals, and how support from the Musculoskeletal Research Training Grant will help to pursue those goals.
  
- \_\_\_\_\_ Applicant's curriculum vitae
  
- \_\_\_\_\_ PMID numbers, PDFs or Reprints of three peer-reviewed manuscripts authored by the applicant
  
- \_\_\_\_\_ Letter of recommendation from your predoctoral advisor. **This letter should specifically assess your interest and potential in pursuing an independent research career in the field of musculoskeletal research.** This letter should be in a sealed envelope and submitted with the rest of the application or sent directly to Dr. Westendorf.
  
- \_\_\_\_\_ Letter of recommendation from your postdoctoral mentor. **This letter should include a statement indicating that your mentor supports your interest in pursuing musculoskeletal-related postdoctoral research and will support your participation in training grant activities.** This letter should be in a sealed envelope and submitted with the rest of your application or sent directly to Dr. Westendorf.
  
- \_\_\_\_\_ Letter of recommendation from a third person who can comment on your abilities and potential. This letter should be in a sealed envelope and submitted with the rest of your application or sent directly to Dr. Westendorf.
  
- \_\_\_\_\_ Combine application form, cover letter, CV and PDFs of manuscripts into one PDF document. 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:*

- Cambodian       Chinese       Indian  
 Japanese       Korean       Malaysian  
 Pakistani       Filipino       Thai  
 Vietnamese       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?

- Yes       No