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

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<tr>
<th>Institution/Location</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Dates Conferred (Month/Year)</th>
<th>Field of Study</th>
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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 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).
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
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

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