



# Wadsworth Center Fellowship Program Application

Application for  post-baccalaureate  post-master's or  post-doctoral fellowship

## Personal Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex:  Male  Female

US Citizen:  Yes  No Primary Language English:  Yes  No Primary Language: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Current Address

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

## Permanent Address

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

## Academic Background

Degree awarded	Major	GPA	Institution	Location (City, State)

## Attachments (required)

Personal statement describing career goals and scientific interests (2-page maximum)

Curriculum vitae/resume, highlighting relevant professional and academic experience

Transcripts from all degree-granting institutions attended

3 scientific/professional letters of recommendation (submitted directly by recommenders)

Proof of US citizenship or permanent residency

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature confirms that all information in this application, including any attachments and supplemental information, is factually true and honestly presented and that you are the person submitting this application. You are also authorizing the Wadsworth Center Fellowship Program to circulate your application as part of the fellow selection process.

Please complete this form and submit via e-mail to [wadsworth.fellowship@health.ny.gov](mailto:wadsworth.fellowship@health.ny.gov).

If you are unable to complete the electronic signature field, print, sign, convert to electronic format (such as pdf or jpeg) and email the form.