**APPLICANT DATA FORM**

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
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<tbody>
<tr>
<td>Department/Division</td>
<td>eRA Commons</td>
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<tr>
<td>Campus Address</td>
<td>User Name</td>
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<tr>
<td>Email</td>
<td>Phone</td>
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<tr>
<td>Dept. / Division Administrator Name</td>
<td>Administrator Contact Information</td>
</tr>
</tbody>
</table>

**Proposed Research Project Title**

**Primary TGGPP Mentor**

- ☐ Paul Bryce, PhD (Allergy & Immunology)
- ☐ Peter Kahrilas, MD (Gastroenterology & Hepatology)
- ☐ Laurie Keefer, PhD (Gastroenterology & Hepatology)
- ☐ Sherri LaVela, PhD, MPH (Center for Healthcare Studies)
- ☐ John Pandolfino, MD (Gastroenterology & Hepatology)
- ☐ Lei Wang, PhD (Psychiatry and Behavioral Sciences)

**NRSA Program Eligibility**

Type of appointment applying for:
- ☐ Pre-doctoral; Which program are you enrolled in? ☐ Psychology, ☐ ________(Please Specify)
- ☐ Postdoctoral

Have you received prior NRSA support?
- ☐ No
- ☐ Yes  If yes, provide period(s) of support: __________________________

Are you currently receiving any type of grant support (e.g. NRSA, NIH-sponsored minority supplement) that would preclude you from beginning an TGGPP appointment on May 1, 2015?
- ☐ No
- ☐ Yes  If yes, provide available start date (must be by Sept. 1, 2015) __________________________

**DEMOGRAPHIC INFORMATION REQUIRED BY NIH**
Northwestern University Division of Gastroenterology & Hepatology
Training Grant in Gastrointestinal Physiology and Psychology (T32DK101363)

APPLICANT DATA FORM

Citizenship (Mark one)
☐ U.S. Citizen or Noncitizen National
☐ Permanent Resident*
(Non-U.S. Citizen with currently valid verification of residency status)

Country of citizenship (if not U.S.):
___________________________________________

*Permanent residents should include a copy of current Permanent Resident Card “Green Card” (USCIS Form I-551) with application.

Ethnicity (Mark one)
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Prefer not to answer

Gender (Mark one)
☐ Female
☐ Male

Race (Mark one or more)
☐ American Indian / Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Black or African American
☐ White
☐ Prefer not to answer

SIGNATURES

APPLICANT
I have completed this application form to the best of my knowledge. I understand that application requirements and terms of eligibility must be met before an appointment as a TGGPP trainee can take effect.

Signature ___________________________ Date ________________
Print Name ________________________________

MENTOR
I agree to serve as this trainee’s primary mentor if he/she is awarded a TGGPP appointment. I have provided a letter of commitment outlining my support of and my role in the trainee’s project.

Signature ___________________________ Date ________________
Print Name ________________________________

HOW DID YOU HEAR ABOUT OUR PROGRAM? (Please check all that apply.)

☐ Mentor recommendation. If so, please provide mentor’s name below:
______________________________

☐ Email Listserv. Which one?
______________________________

☐ Division of Gastroenterology T32 research website

☐ Internet search

☐ Colleague or friend

☐ Event or conference, please specify:
______________________________

☐ Other, please specify:
______________________________