



**Application for Long-term Training Scholarship**  
**Masters of Science in Medical Science in Clinical and Translational Research\***  
**DUE DATE: 8/15/2011**

Please complete this form and submit your current curriculum vitae, including any publications, presentations, grants and professional experiences to date. Also attach your personal statement and a copy of your evaluated transcript (comprehensive including GPA).

\*Acceptance into the AHART-sponsored long-term training scholarship is contingent upon acceptance by the USF Graduate School and the USF College of Medicine to pursue the **Masters of Science in Medical Science, Concentration in Clinical and Translational Research**.

**PERSONAL INFORMATION**

Name (Last, First, Middle): \_\_\_\_\_

Former Name(s), if applicable: \_\_\_\_\_

USF ID number (if available): \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Country of Permanent Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROFESSIONAL & ACADEMIC INFORMATION**

Title of Present Position: \_\_\_\_\_

Academic Institution/Department or Employer: \_\_\_\_\_

A faculty mentor will be assigned to you. If you have already made contact with a faculty member of USF Health, please indicate their name, department and contact information here:

\_\_\_\_\_

## ACADEMIC CREDENTIALS

Please list all colleges/universities, and graduate/professional schools attended, beginning with most recent.

College/University	City, State, Country	Dates Attended	Major Area	GPA/Scale	Degree/Date

**THREE LETTERS OF RECOMMENDATION ARE REQUIRED** (Please have letters sent directly to USF AITRP).

Name, title, location and contact information for recommender #1: (From mentor in India who commits to one year of supervision of research activities during the applicant's second year of study in India. This letter must be accompanied by a detailed mentorship plan, signed by the applicant and mentor.)

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Name, title, location and contact information for recommender #2: (From trainee's current employer or person with authority to grant 2 year leave for study. This letter should demonstrate an awareness of the trainee's intended educational plans, with permission for two years to dedicate to this training program. The letter should also indicate the employer's awareness of trainee's future plans towards adolescent HIV research.)

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Name, title, location and contact information for recommender #3: (From another mentor or colleague who knows the applicant well).

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**Please provide a brief description of any research experiences you have had to date:**

**Please attach a current curriculum vitae, including any publications, presentations, grants and professional experiences to date. Please also include a copy of your evaluated transcript (comprehensive including GPA), including documentation of your professional clinical degree and/or license to provide clinical care.**

### **PERSONAL STATEMENT**

Please attach a 1 page Microsoft Word document addressing the following: a) background information relevant to the applicant's interest in the Master of Science in Medical Science, Clinical and Translational Research Program at USF; b) long-term career goals; c) how this program will advance these goals and the goals of the USF-India AITRP Program in Adolescent HIV/AIDS Research Training; and d) interactions to date with potential mentors, including any prior or ongoing research experience and/or plans for identifying a research area to pursue with a mentor.

Please read the following statement and indicate by your signature (or typed name on electronic submissions) that you agree to the terms stated. Unsigned applications will be returned.

I affirm that the information on this application form, and any additional material that I submit related to the admissions process, is complete, accurate, and true to the best of my knowledge. I agree to submit any other materials that are required for the admissions process. I understand that furnishing false or incomplete information on any part of this application for admission or any related materials may be cause for denial of admission, cancellation of registration or revocation of a degree. I understand that any materials submitted related to my application become the property of the USF College of Medicine and cannot be returned or forwarded to a third party. I understand that the decision made on my application is final and not subject to appeal. Finally, I agree that, if admitted as a student, I will honor the academic ethics code and the student conduct code of USF.

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Signature

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Date

I intend to pursue research in the field of adolescent HIV/AIDS in India for at least three years following graduation from the Masters of Science in Medical Science, Clinical and Translational Research Program. I am aware that I will be required to sign a binding agreement to this effect before officially starting my program.

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Signature

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Date

**Please return this application with supporting documents and have letters of recommendation sent to:**

Nicole Crawford  
Coordinator, USF AITRP  
University of South Florida  
12901 Bruce B Downs Blvd.  
MDC 02  
Tampa, FL 33612  
Email: [ncrawfor@health.usf.edu](mailto:ncrawfor@health.usf.edu)  
Phone : (813)396-9293  
Fax : (813)974-5411