

**Boston University Clinical HIV/AIDS Research Training (BU-CHART) Program
Application Form**

Name: _____

Address: _____

Phone: _____

Day: ____ - ____ - ____

Evening: ____ - ____ - ____

Email: _____

Citizenship: _____

(only US citizens or permanent residents may apply)

Degree(s): _____

Month/Year of Degree(s): _____

Clinical Subspecialty, if applicable: _____

Institution(s) of Degree(s): _____

Dissertation Title (if applicable): _____

Previous Research Advisors:

Desired start date of the program (month/date/year): ____ - ____ - ____

Area of Interest (check all that apply):

- ☐ Opportunistic Diseases
- ☐ Adherence and Natural History
- ☐ Substance Use
- ☐ Transmission

Applicants should indicate which BU CHART Faculty member(s) they would like to work with:

References: Please provide Name, Title, E-mail Address, Phone Number

1. _____

2. _____

3. _____

How did you hear about this program? _____

Have you ever had NRSA funding in the past? If so, please indicate the following:

Grant Number: _____

Pre-Doc ☐

Post-Doc ☐

**Boston University Clinical HIV/AIDS Research Training (BU-CHART) Program
Equal Opportunity Form**

ETHNICITY

Do you consider yourself to be Hispanic or Latino?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

RACE

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Check here if you do not wish to provide some or all of the above information.

DISADVANTAGED BACKGROUND

1. As a child, did you or your family ever qualify for State or Federal assistance (e.g., food stamps, free and reduced lunch, Medicaid, other forms of monetary support)?

2. As a child, did you receive any of the following student loans/scholarships:
 - ☐ Health Professional Student Loan (HPSL),
 - ☐ Loan for Disadvantaged Student Program
 - ☐ Scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need

3. Do you consider yourself to have a rural background?

4. Is your generation the first in your family to attend college?

DISABILITIES

Do you consider yourself to have a physical or mental impairment that substantially limits one or more major life activities?

☐ Yes

☐ No