

ATS Fellowship in Health Equity and Diversity

Application Title: _____

Applicant's Name: _____ *Last, First, Middle Initial*

Applicant's Contact Info: _____ *Address*
 _____ *Address*
 _____ *Telephone* _____ *Email Address*

Applicant Organization: _____ *Name*

Applicant's Main Mentor: _____ *Name (Last, First, Middle Initial)*

ACGME portion of Fellowship completed by 6/30/24 **YES** **Years on faculty** _____ **Dollars requested** _____
 NO **(if applicable)**

The ATS is committed to fostering diversity and inclusion across all ATS activities and events. Please indicate with which of the following groups you identify (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic, Latino, or of Spanish Origin
- Native Hawaiian or Other Pacific Islander
- White
- Other, Please specify _____
- Lesbian, Gay, Bisexual, Transgender, or Questioning
- First in family to graduate from college
- Other personal disadvantage. Please specify. _____

Approving Official: _____ *Name*

_____ *Address*

_____ *Address*

_____ *Telephone* _____ *Email*

<i>Application Checklist</i>		
Item	Page limit	Page
Face page	1	_____
Budget justification	1	_____
Candidate's bio	2-4	_____
Mentor's bio	2-4/mentor	_____
Career Statement	1	_____
Mentor's Statement	2	_____
Project Description	3	_____

Signatures

Applicant _____ *Signature and Date*

Mentor _____ *Signature and Date*

Approving Official _____ *Signature and Date*