ATS Fellowship in Health Equality and Diversity

Application Title: 

Applicant's Name: ____________________________________________

Applicant's Contact Info: ____________________________________________

Applicant Organization: ____________________________________________

Applicant's Main Mentor: ____________________________________________

Years Remaining in Training _______  Years on faculty _______  Dollars requested _______
(if applicable)  (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: ____________________________________________

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Signatures

Applicant: ___________________________ Signature and Date

Mentor: ___________________________ Signature and Date

Approving Official: ___________________________ Signature and Date