

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 6/30/23 **YES** **NO** **Years on faculty (if applicable)** _____ **Dollars requested** _____

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*

Application Checklist		
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