# CHER Scholars

# CHER Institute Scholars Application

*Please delete any instructions and replace with your text.*

# General Information

|  |  |
| --- | --- |
| Legal name: |  |
| Preferred name: |  |
| Preferred email |  |
| Alternative email |  |
| Cell phone number |  |
| Ok to receive texts? |  |
| Alternative phone number |  |
| Mailing address |  |
| Resident address |  |
| Track 1 or 2 during CHER Institute? |  |
| Name of Mentor from CHER Institute |  |
| Are you currently participating in any other formal mentoring programs? If so describe. |  |

# Mentor Preference

*Instructions: Give the names of the three mentors you would choose to work with in order of preference with a brief explanation for this choice. Verify that at least one of your choices is on confirmed available list on the CHER Website/CHER Institute/Apply (Tab)/Scroll to Scholars/open Application and Information for CHER Scholars*

## 1st Choice Mentor

## 2nd Choice Mentor

## 3rd Choice Mentor

# Research Work Plan

## Narrative

*Please include the goals and objectives for what you plan to work on during the extended mentoring program, and a timeline. Please answer the following questions in your narrative:*

* *Title or subject of proposed grant*
* *Does this proposed project build on the work you did at the CHER Institute?*
* *Type of grant/award desired*
* *Please list if there is a specific award notice you plan to apply for and the submission date for the award*

# Draft of CHER Institute Project

*You may include an updated draft of your CHER Institute Project if you like. If you have not made any changes since the institute please state: See CHER Institute [Specific Aims, Manuscript Outline or Approach Outline]*

# Commitment to the CHER Scholars Program

I am willing to sign a contract that I will devote time toward the mentoring process over the next six to 12 months, that includes a meeting with the mentor for 8 hours, completing all follow-up evaluations and annual data collection.

Please Electronically sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_