



## TRAINING GRANT IN GENOMIC ANALYSIS AND INTERPRETATION

### NHGRI Institutional Training Grant in Genomic Sciences

#### Instructions for 2024-2025 Application Submission

- Deadline for submission of applications: **11:59 PM on Friday, January 31, 2025.**
- Application packets *must be complete* at the time of submission. *It is the applicant's responsibility to ensure that letters of recommendation are received by the application deadline.*
- The applicant must be a US citizen or permanent resident to receive an award. Proof of status is required.
- Each applicant must be nominated by a UCLA faculty member. This would typically be the applicant's graduate advisor if the applicant has already chosen a lab, or if not, a faculty member in whose lab the applicant has done a rotation. If you do not have a faculty sponsor, email Dr. Jeanette Papp at [jcpapp@ucla.edu](mailto:jcpapp@ucla.edu)
- If selected for the award, the applicant's faculty advisor must have received approved mentor training before the the award is granted.
- The applicant's *Statement of Research Interest* should be **two pages** or fewer that clearly and concisely reflect the applicant's research interest and work in genomic analysis. Statement should include a discussion of why this program would be a good fit for the applicant.
- For Training Program information, including amount of support, and course requirements see: <https://medschool.ucla.edu/departments/basic-science/human-genetics/genomic-analysis-training-program>
- If you have any questions concerning this application process, please contact Lorraine Hartman at [LSHartman@mednet.ucla.edu](mailto:LSHartman@mednet.ucla.edu)

**Review:** Each application undergoes holistic review by a diverse six-member Executive Committee from a variety of research disciplines. Each Committee member assigns the application a score guided by the rubric below. The scores are compiled, and the committee meets to discuss the applications and make the offer decisions. Scoring is based on the following considerations:

- **Research Potential:** Record of successful contributions to research, evidence or potential for independence, well-conceived dissertation research that has a significant genomic analysis component.
- **Academic Preparation:** Good grades in STEM courses, and good quantitative preparation & potential.

- **Fit to Program:** Strong interest in genomic research and a good understanding of how the program could be beneficial to the applicant.
- **Letters of Recommendation:** Strong letters discussing the applicant's research potential, current projects, and leadership potential.

## **TRAINING GRANT IN GENOMIC ANALYSIS AND INTERPRETATION**

### **Application Checklist**

The following items should be combined, in the order below, into a single PDF file and emailed to:  
 Lorraine Hartman  
[LSHartman@mednet.ucla.edu](mailto:LSHartman@mednet.ucla.edu)  
 with Subject "GATP Application"

- Completed Summary Sheet (see next page)
- Undergraduate Transcripts (photocopy of official form is acceptable)
- Graduate Transcripts (if applicable; photocopy of official form is acceptable)
- GRE Scores (*Optional*; photocopy of official form is acceptable)
- Statement of Research Interests (see description on previous page)
- Curriculum Vitae
- Copies of any published scientific abstracts, reprints or manuscripts

### **Letters of Recommendation**

It is the applicant's responsibility to ensure that the following is emailed to [LSHartman@mednet.ucla.edu](mailto:LSHartman@mednet.ucla.edu) and received by the application deadline:

- For incoming students, emailed directly from the Student Affairs Officer of the Department you applied to: the three Letters of Recommendation from your Graduate Application.
- For continuing UCLA graduate students, one letter of recommendation emailed directly to Lorraine Hartman at [LSHartman@mednet.ucla.edu](mailto:LSHartman@mednet.ucla.edu) from your Faculty Research Advisor or, for applicants without a Faculty Research Advisor, from a rotation lab PI; additional letters of recommendation are optional.

# TRAINING GRANT IN GENOMIC ANALYSIS AND INTERPRETATION

## Summary Sheet

Applicant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

Only US citizens and permanent residents are eligible. Mark your current status:  US Citizen  Permanent Resident

Undergraduate Institution: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Undergraduate GPA: \_\_\_\_\_ Major: \_\_\_\_\_ Enrollment Period: \_\_\_\_\_

GRE Scores: Verbal \_\_\_\_\_ (\_\_\_\_\_% ) Quantitative \_\_\_\_\_ (\_\_\_\_\_% )  
*(Optional)* Analytical \_\_\_\_\_ (\_\_\_\_\_% ) Subject \_\_\_\_\_ (\_\_\_\_\_% ) Area \_\_\_\_\_

*(If applicable)*

Previous Graduate Institution: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Graduate GPA: \_\_\_\_\_ Major: \_\_\_\_\_ Enrollment Period: \_\_\_\_\_

UCLA Department: \_\_\_\_\_ Current Year in your UCLA PhD Program: \_\_\_\_\_  
*(Enter "0" if not yet enrolled in proposed UCLA PhD program.)*

*(Continuing UCLA students only)*

UCLA Graduate Research Advisor

Advisor Name: \_\_\_\_\_ Advisor Email Address: \_\_\_\_\_

Applicant's Student Affairs Officer (SAO)

SAO Name: \_\_\_\_\_ SAO Email Address: \_\_\_\_\_

Applicant UCLA ID#: \_\_\_\_\_

Date Advanced to PhD Candidacy: \_\_\_\_\_ UCLA Graduate GPA: \_\_\_\_\_  
*(If not yet advanced, put anticipated quarter of advancement.)*

If applicant is currently supported by a training grant or other fellowship, supply the following:

Award Name and Agency: \_\_\_\_\_ Total Award Period: \_\_\_\_\_

If applicant was supported by other NIH training grants in the past, supply the following for each grant:

Award Name and Agency: \_\_\_\_\_ Total Award Period: \_\_\_\_\_

Award Name and Agency: \_\_\_\_\_ Total Award Period: \_\_\_\_\_

**Publications:** Email electronic copies separately to [LSHartman@mednet.ucla.edu](mailto:LSHartman@mednet.ucla.edu) with Subject "GATP Application".

Race/Ethnicity:  African American or Black  American Indian or Alaskan Native  
*(Mark all that apply)*  Asian  Hispanic or Latinx  
 Native Hawaiian or another Pacific Islander  White or Caucasian  
 Other  Decline to state

Disability (defined as a physical or mental impairment that substantially limits one or more major life activities):

*(Optional & Confidential)*  Yes, I have a disability  No, I do not have a disability  Decline to state

Faculty Member Nominating Applicant: \_\_\_\_\_  
*(Required)* Faculty Name

\_\_\_\_\_  
Faculty Telephone Number

\_\_\_\_\_  
Faculty Email Address