TRAINING GRANT IN GENOMIC ANALYSIS AND INTERPRETATION
NHGRI Institutional Genomic Science Training Grants

Instructions for 2019-2020 Application Submission

✓ Deadline for submission of applications: 4:00 PM on Friday, February 1, 2019.

✓ Application packets must be complete at the time of submission, including letters of recommendation, as the Advisory Committee will begin reviewing applications immediately.

✓ Each applicant must be nominated by a UCLA faculty member. If you do not have a faculty sponsor, email Dr. Jeanette Papp at jcpapp@ucla.edu

✓ The applicant’s Statement of Purpose (for incoming students) or Statement of Research Interest (for continuing students) does not have a set length but should clearly and concisely reflect the applicant’s research interest and work in genomic analysis.

✓ The applicant must be a US citizen or permanent resident to receive an award. Proof of status is required.

✓ See Training Program web site www.genetics.ucla.edu/GATG for program overview, including amount of support, faculty list, and course requirements.

✓ If you have any questions concerning this application process, please contact Jenny Luna at mpluna@mednet.ucla.edu
TRAINING GRANT IN GENOMIC ANALYSIS AND INTERPRETATION

Application Checklist
Electronic copies of the following items should be emailed to:

Jenny Luna
mpluna@mednet.ucla.edu
with Subject “GATP Application”

- 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 (photocopy of official form is acceptable)
- Statement of Purpose (for incoming students) or Statement of Research Interest (for continuing students)
- Curriculum Vitae
- Copies of Abstracts, Reprints and Manuscripts, if applicable
- Letters of Recommendation:
  - For incoming students: three Letters of Recommendation from your Graduate Application (from the Student Affairs Officer of the Department you applied to)
  - For continuing students: one letter from your Faculty Research Advisor
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Summary Sheet

Name: ____________________________________________

Mailing Address: ____________________________________________________________

Email address: __________________________________ Date of Birth: ________________

☐ US Citizen ☐ Permanent Resident Only US citizens and permanent residents are eligible. Proof of status is required.

UCLA Department: ____________________________ Year in Graduate Program: ____________

(UCLA Research Advisor: ____________________________ UCLA ID#: ________________)

(UCLA Graduate GPA: ____________________________ Advanced to Candidacy (Date): __________

(If not yet advanced, put anticipated quarter of advancement.)

Previous Graduate Institution: ____________________________ Degree Received: ______________
(If applicable)

Graduate GPA: _______ Major: ___________________ From/To: ___________________

GRE Scores: Verbal _______ (_______ %) Quantitative (_______ %)

Analytical (_______ %) Subject (_______ %) Area ______________

Undergraduate Institution: ____________________________ Degree Received: ______________

Undergraduate GPA: _______ Major: ___________________ From/To: ___________________

Grades in some of the relevant UCLA Graduate Courses (if applicable):

Theoretical Genetic Modeling M207A Applied Genetic Modeling M207B
Advanced Human Genetics 236A Advanced Human Genetics 236B
Genomic Technologies 244 Molecular Genetics M248
Macromolecular Structure M253 Human Genetics M256
Bioinformatics and Genomics M260 Cell Structure, Signaling & Dev M267
Biomathematics/Human Genetics M211 Concepts in Mol Biosciences 254A

If you are currently supported by a training grant or other fellowship, supply the following:

Award name and agency: ____________________________ Award period: ______________

If you have received NIH training grant support in the past, supply the following for all grants:

Award name and agency: ____________________________ Award period: ______________

Publications (Email electronic copies separately to mpluna@mednet.ucla.edu with Subject “GATP Application”)

Race/Ethnicity: ☐ African American or Black ☐ American Indian or Alaskan Native

☐ Asian ☐ Hispanic or Latino

☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Other ☐ Decline to state

Disability (defined as a physical or mental impairment that substantially limits one or more major life activities): ☐ Yes, I have a disability ☐ No, I do not have a disability ☐ Decline to state

Nominated By: ____________________________________________

(Required) Name ____________________________________________

Telephone Number ____________________________________________ Email Address ____________________________________________

2019-20 Academic Year