UNIVERSITY OF CALIFORNIA, SAN DIEGO

**Surgical Oncologists as Scientists (SOAS) Training Program Application**

|  |  |
| --- | --- |
| Name: |  |
| Mailing Address: |  |
| *(City, State ZIP)* |  |
| Email: |  |
| Phone: |  |
| Degree: |  |
| Month/Year of Degree: |  |
| Current Institution/Dept: |  |
| U.S. Citizenship Status:  *(Only U.S. citizens or permanent residents are eligible to apply)* |  |
| Sex:  *(M/F/Other)* |  |
| Clinical Experience  *(Post Graduate Year)* |  |
| Categorical general surgery residency institution *(required for eligibility for this training program)* |  |
| Year of categorical general surgery residency *(applicants must have a residency to return to after completion of this training program)* |  |
| Research Experience:  *(Since college graduation)* | Number of years in PhD (or equivalent) program:  Number of years in post-doctoral training program: |
| Months of previous Kirschstein National Research Service Award (NRSA)support:  *(T32 or F32)* | Number of years in an NRSA pre-doc program:  Number of years in an NRSA post-doctoral training program: |
| Please identify your faculty mentor: |  |
| *Please help us identify our outreach efforts:*  How did you learn of this Training Opportunity? |  |

Please arrange your application in this order:

1. Completed application form.
2. Curriculum Vitae.
3. A one-page personal statement describing your past research or medical experience; why you are interested in the SOAS program; and your future career goals.
4. Proof of U.S. Citizenship/Residency
5. Faculty mentor NIH biosketch
6. 3 Letters of Recommendation (1 from your faculty mentor)

*Letters should be e-mailed, PDFed, on letterhead, with signature.*

Minority populations are strongly encouraged to apply. Please indicate (X) your minority status below (optional):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| American Indian/Alaska Native: |  | Asian: |  | Native Hawaiian/Pacific Islander: |  |
| African American/Black: |  | Hispanic/Latino: |  | Other: | |
| Disabled: |  | Financially Disadvantaged: |  |

For further information and to submit your completed application, please contact Amy Spilkin, PhD at [aspilkin@health.ucsd.edu](mailto:aspilkin@health.ucsd.edu).