

## **Applicant Information Form**

## **Multidisciplinary K12 Urologic Research Career Development Program (KURe)**

How did you find out about the opportunity to apply for a KURe scholarship?

[ ] Dept Chair/Division Chief

[ ] Mentor

[ ] Funding Opportunities Newsletter

[ ] Former/current scholar

[ ] Web search

[ ] Direct mail from KURe program

[ ] Other (specify): Click or tap here to enter text.

How could we increase the visibility of this opportunity throughout all Duke Departments?

Click or tap here to enter text.

## **Applicant Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |
|  | Last | First | M.I. |  |

Gender: Click or tap here to enter text.

Country of Citizenship: Click or tap here to enter text.

If not a US citizen, what type of visa do you hold?: Click or tap here to enter text.

[ ]  Other (specify): Click or tap here to enter text.

[ ]  Decline to respond

University affiliation: Click or tap here to enter text.

School/Center/College/Institute:Click or tap here to enter text.

Departmental affiliation: Click or tap here to enter text.

Division:Click or tap here to enter text.

Academic rank/title: Click or tap here to enter text.

Position: Click or tap here to enter text.

Work phone: Click or tap here to enter text.

Cell phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

eRA Commons Name: Click or tap here to enter text.

ORCID ID: Click or tap here to enter text.

Letters of Support: List individuals who will supply letters of support. (Instructions for LOS are on the [Application Process](https://obgyn.duke.edu/education-training/kure-k12-program/call-applications) page).

List your department chair or division chief.

List your proposed mentor(s); consult mentor list on the [KURe website](https://obgyn.duke.edu/education-training/kure-k12-program/kure-mentors).

List at least one other person knowledgeable about your prior accomplishments and suitability for this program

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Institution/Department** | **Role** |
|  |  |  |  |
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|  |  |  |  |

I hereby certify that the information given by me in this application and attached statements is complete and correct to the best of my knowledge.

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.