



Wadsworth Center Fellowship Program Application

Application for post-baccalaureate post-master's or post-doctoral fellowship

Personal Information

Name: _____ Date of birth: _____ Sex: Male Female

US Citizen: Yes No Primary Language English: Yes No Primary Language: _____

Phone: (____) _____ E-mail: _____

Current Address

Street: _____ Apt: _____

City: _____ State: _____ Zip code: _____ Country: _____

Permanent Address

Street: _____ Apt: _____

City: _____ State: _____ Zip code: _____ Country: _____

Academic Background

| Degree awarded | Major | GPA | Institution | Location (City, State) |
|----------------|-------|-----|-------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attachments (required)

- Personal statement describing career goals and scientific interests (2-page maximum)
- Curriculum vitae/resume, highlighting relevant professional and academic experience
- Transcripts from all degree-granting institutions attended (unofficial copies are acceptable; official transcripts must be submitted by June 1)
- 3 scientific/professional letters of recommendation (submitted directly by recommenders)
- Proof of US citizenship or permanent residency

Instructions: Include your last name in all application file names. If possible, submit one combined PDF file. Submit all materials via email to wadsworth.fellowship@health.ny.gov.

Signature: _____ Date: _____

Your signature confirms that all information in this application, including any attachments and supplemental information, is factually true and honestly presented and that you are the person submitting this application. You are also authorizing the Wadsworth Center Fellowship Program to circulate your application as part of the fellow selection process.