

Avilés-Johnson Fellowship Interest Form

Applicants who wish to be considered for nomination must have a complete application on file by January 14th and upload a completed version of this form within their application. Please do not ask to be nominated for this fellowship as the program makes this determination internally.

Instruction

Please respond to each eligibility criterion below:

Is a U.S. citizen or permanent resident.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have a superior academic record.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Belong to gender, racial or ethnic groups that have been historically under-represented in graduate study in their discipline, in the United States, or at TAMU.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have attended a minority serving institution for at least two years of their undergraduate degree or have an undergraduate degree conferred from a minority serving institution, as defined by the <u>U.S. Department of Education</u> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have a disability defined as a physical or mental impairment that substantially limits one or more major life activities, as described in <u>Americans with Disabilities Act of 1990</u> , as amended.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Be a veteran of the U.S. military.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Come from a disadvantaged background, as defined by the <u>National Institutes of Health (NIH)</u> , for those who meet <i>two or more</i> of the following criteria:		
<ul style="list-style-type: none"> ○ Were or are currently homeless, as defined by the McKinney-Vento Assistance Act. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> ○ Were or are currently in the foster care system, as defined by the Administration for Children and Families. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> ○ Were eligible for the Federal Free and Reduced Lunch Program for two or more years. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> ○ Have/had no parents or legal guardians who completed a bachelor's degree. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> ○ Were or are currently eligible for Federal Pell grants. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> ○ Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> ○ Grew up in one of the following areas: <ul style="list-style-type: none"> ▪ A U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer, or ▪ Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas (qualifying zip codes are included here). 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Justification Statement

In the space provided below, provide a justification for why you qualify for nomination based on: 1) superior academic performance, 2) relevant experiences outside the classroom, 3) other indicators of future success, and 4) how you believe you will contribute to diversity in the department/program, the university, and to the future profession. Statement should be 250 words or less.

