

ATS Fellowship in Health Equity and Diversity

Application Title:						
Applicant's Name:					Last, First, Middle Initial	
Applicant's ContactInfo):				Address	
					Address	
	Teleph	one			Email Address	
Applicant Organization:					Name	
Applicant's Main Mento	r:				Name (Last, First, Middle Initial)	
ACGME portion of Fellow completed by 6/30/25	/ship		ears on faculty _		Dollars requested	
The ATS is committed to vith which of the following				I ATS activities a	and events. Please indicate	
 Black or African- Hispanic, Latino, Native Hawaiian White Other, Please sp Lesbian, Gay, Bis First in family to g Another aspect of 	or of Spanish or Other Pacif ecify sexual, Transg	ic Islander	uestioning			
			Approving Officia	l:		
Applicatio	n Checklist				Name	
					Address	
Item Page	limit	Page			Address	
Face page	1			Telephone	Email	
Budget justification	1			Signati	ıres	
Candidate's bio	2-4		Applicant _			
Mentor's bio	2-4/mentor				Signature and Date	
Career Statement	2		Mentor _		Signature and Date	
Mentor's Statement	2		Approving _			
Project Description	3		Official		Signature and Date	