

Smart Simple
Application
ID:

CHDS
Applicant:
(Last, First)

Parent Grant
PI:
(Last, First)

TRDRP Cornelius Hopper Disparities Supplement Applicant Biosketch (Page Limit: 5)

INSTRUCTIONS

This template is to be completed by the CHDS Applicant.

Template Use and Document Setup

- *Enter the SmartSimple ID and names of the CHDS Applicant and Parent Grant PI (Last, First) in the first row of the header.*
- *Prior to submission, please delete all instructional text, including blue-colored text, and convert the document to PDF.*

Page Limits

- *The Biosketch must not exceed 5 pages.*

NAME OF CHDS APPLICANT:

EMAIL ADDRESS:

EDUCATION/TRAINING: *(Master's degree students should list all relevant education and training. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	START DATE MM/YYYY	END DATE <i>(or expected end date)</i> MM/YYYY	FIELD OF STUDY

A. Personal Statement and Future Goals

This supplement supports California community members and student trainees who wish to pursue research training focused on tobacco priority populations. Use sections A.1. – A.3. below to describe how your background and career goals align with the intent of this supplement.

A.1. Personal Statement

Describe your reasons for pursuing training in tobacco health disparities research.

Describe in your own words your educational background, life experiences, and/or other contributions to science, research, or your community.

Pre-candidacy doctoral students must specify a clear timeline for when they expect to advance to doctoral candidacy (e.g., anticipated month and year).

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A.2. Future Goals in Tobacco Control or Tobacco-Related Research

State your career goals and describe how the proposed research training will further your advancement toward these goals.

If applicable, describe how the proposed training may contribute towards ending the commercial tobacco epidemic in California.

A.3. Proposed Project

Briefly describe the goals of the proposed research and your role on the project.