



**National Library of Medicine
Associate Fellowship Program**

Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect the decision regarding your application. We appreciate your cooperation. (*This information is NOT seen by the National Library of Medicine.*)

Name _____ Date _____

Citizenship: USA

Foreign National - Country _____

If you are a U.S. citizen, please complete:

Race and/or Ethnic Origin (check one)

- Caucasian American
- African American
- Hispanic American
- Native American
- Asian or Pacific Islander American

Birth Date (month, day, year) _____

Gender Male Female

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