

Application Form

Summer Institute on the Design and Conduct of Qualitative and Mixed-Method Research in Social Work and Other Health Professions:

August 4-8, 2004 – Greater Washington DC Area

Please type or print clearly the information requested below.

Name _____
Professional Title _____
Department/Division _____
University or Institution _____
Street Address _____
City, State, Zip code _____
Telephone _____ Fax: _____ E-mail: _____
Academic/Prof Degree(s) _____ Year(s) Obtained: _____

Mailing Address

(If different from above; where you can be reached between now and the beginning of the Summer Institute.)

Phone: _____ Fax: _____ E-mail: _____

Supporting Materials

Please also provide one letter of support from your Dean or Department Chair, a personal statement describing your research and career interests and how the course will benefit them (maximum 2 pages), and your curriculum vitae. In your personal statement please include what category you fall into (see Eligibility Requirements). If you require reasonable accommodations because of a disability in order to participate in this activity, please include this information with your application or inform Heather Thompson (contact information is below) at least 60 business days before the course begins. *A request for reasonable accommodation to a disability will not influence the selection process.*

Applications must be received by Wednesday, March 31, 2004. You will be notified of your acceptance by mid May. Mail five (5) complete sets of this application and the supporting materials to:

Summer Institute for Social Work and Other Health Professions
c/o the Hill Group
6903 Rockledge Drive, Suite 540
Bethesda, MD 20817

Phone: 301-897-2789 x132
Fax: 301-897-9587
E-mail: hthompson@thehillgroup.com

- _____ **5** copies of my application form are included.
_____ **5** copies of my **support letter** are enclosed.
_____ **5** copies of my **personal statement** (maximum 2 pages) indicating the basis of interest in the Summer Institute are provided
_____ **5** copies of my **curriculum vitae** are attached.

I understand that the Summer Institute can accommodate only a limited number of applicants and that an applicant who fails to attend after acceptance denies another worthy applicant the opportunity to participate. Therefore, I assure the National Institutes of Health that, if accepted, I will participate in the full program of the Summer Institute from 8:00 AM on August 4 to 1:00 PM on August 8, 2004. I am a U.S. citizen or a non-citizen with permanent resident status.

Signature: _____ Date: _____