Health Research Institute Graduate Fellowships

Health Research Institute (HRI) Graduate Fellowships were created to assist with the cost of graduate studies. Progress by the student to degree completion and participation by the PI and student in HRI activities, including grant submissions, will be used to determine final awards.

Fellowships are awarded twice a year in the Fall and Spring, with a limit of one award of up to $5000 to be used in one semester. **Applications must be complete to be considered.** Please include the following in your application package:

- Current CV
- A completed application form (see page 2)
- Letter of recommendation from PI, including all current and previous funding for the student
- A statement of research impact (1 page)
- A study/research plan for the semester of the fellowship (1 page)

Application packages will be assessed based on their merit/previous performance or potential, research impact, study/research plan, and current/previous funding.

At the end of your fellowship, you will be required to submit a final report of no more than five pages and deliver a short presentation and question/answer session on the work you completed during your fellowship. The report and presentation must be completed prior to graduation, preferably within the same academic year as your fellowship.

In the report, include the following:

- Your accomplishments during the time period, using your study plan and research impact statement as a guide.
- Any submissions, publications, or presentations you completed as a fellow. Please include citations where applicable.
- An assessment of your work output and professional growth during your fellowship.

We ask that all manuscript submissions and presentation include the acknowledgement that the work was in part funded by the Michigan Technological University Health Research Institute Fellowship program.

**Please send your application to Grace Schmitz at hgschmit@mtu.edu by October 16, 2020 at 11:59 pm, as a PDF with the title LASTNAME_HRIFellowship. Thank you for your application.**
Application Form

Name:________________________________ Email:________________________________________
M Number:____________________________
Major Advisor: _____________________________ Advisor Email: _______________________
Department:___________________________
Date Joined Program:___________________ Planned Graduation Date:______________
Dissertation Title:_______________________

Please list your previous degrees:

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<th>Degree Title</th>
<th>Year Earned</th>
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Are you currently eligible for candidacy? Yes No

Student Signature (Required): _____________________________ Date: _________________
Advisor’s Signature (Required): _____________________________ Date: _________________