

REC Scholar Application Cover Page

Applicant name: _		
Phone:		
Email:		
Title of Research	Project:	
Department:		
Potential Reviewe	ers (Please suggest 2 reviewers on campus who	would be qualified to review your
1		_
2		_
Research Area:		
Basic		
Clinical		
Translational		
What is your curr	ent role/position? (Select all that apply.)	
Fellow		
Junior Faculty		
Post-doctorate	e	
Med student		
Scientist		
Other		

<u>Demographics</u>: The ADRC REC is committed to enhancing diversity in AD research.

How do you describe your gender identity? (Select all that apply.) Female Male Transgender Cisgender (Denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex.) Genderqueer Agender Non-binary A gender not listed _____ I do not wish to answer this question. With which racial or ethnic group(s) do you identify? (Select all that apply.) American Indian or Alaska Native Asian Black or African American Hispanic, LatinX, or Spanish Middle Eastern or North African Native Hawaiian or Other Pacific Islander White Another race or ethnicity not listed above _____

I do not wish to answer this question.

How do you describe your disability/ability status? We are interested in this identification regardless of whether you typically request accommodations for this disability. (Select all that apply.)

Sensory impairment (vision or hearing)		
A mobility impairment		
A learning disability (e.g., ADHD, dyslexia)		
A long-term medical illness (e.g., epilepsy, cystic fibrosis)		
A mental health disorder		
A temporary impairment due to illness or injury (e.g., broken ankle, surgery)		
A disability or impairment not listed above		
I do not identify with a disability or impairment		
I do not wish to answer this question.		