



**MUSCULOSKELETAL TRAINING GRANT  
DEPARTMENT OF ORTHOPAEDIC SURGERY  
UNIVERSITY OF MINNESOTA  
POSTDOCTORAL APPLICATION FORM**

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1. **NAME:** (LAST/FAMILY NAME-SURNAME) (FIRST) (MIDDLE) (FORMER)

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2. **POSTDOCTORAL MENTOR NAME:**

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3. **EDUCATION / TRAINING:**

INSTITUTION / LOCATION	DATES ATTENDED	DEGREE (IF APPLICABLE)	DATE CONFERRED (MONTH /YR)	FIELD OF STUDY

4. **PRIOR POSTDOCTORAL SUPPORT:**

HAVE YOU RECEIVED POSTDOCTORAL SUPPORT FROM AN INSTITUTIONAL NIH TRAINING GRANT OR INDIVIDUAL NIH POSTDOCTORAL FELLOWSHIP?

(CHECK ONE BOX)  YES  NO

**IF YES,** INDICATE BELOW THE DATES OF SUPPORT, THE TITLE OF THE GRANT OR FELLOWSHIP AND THE GRANT / FELLOWSHIP NUMBER.

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**5. PREDOCTORAL RESEARCH DESCRIPTION:**

PROVIDE A BRIEF DESCRIPTION OF YOUR PREDOCTORAL RESEARCH. YOU MAY CUT AND PASTE THIS DESCRIPTION INTO THE BOX BELOW OR USE ANOTHER PAGE (1 PAGE LIMIT). **THERE IS A 1000 CHARACTER LIMIT FOR THE BOX.**

**PREDOCTORAL RESEARCH DESCRIPTION (1000 CHARACTER LIMIT)**

**6. POSTDOCTORAL RESEARCH DESCRIPTION:**

PROVIDE A DESCRIPTION OF YOUR CURRENT POSTDOCTORAL RESEARCH. THIS DESCRIPTION MUST HIGHLIGHT THE MUSCULOSKELETAL RELEVANCE OF YOUR POSTDOCTORAL RESEARCH.

YOU MAY CUT AND PASTE THIS DESCRIPTION INTO THE BOX BELOW OR USE ANOTHER PAGE. **THERE IS A 4000 CHARACTER LIMIT.**

**POSTDOCTORAL RESEARCH DESCRIPTION (4000 CHARACTER LIMIT).**

**A COMPLETE APPLICATION CONSISTS OF THIS COMPLETED FORM AND THE FOLLOWING ADDITIONAL DOCUMENTS:**

1. A 1 PAGE COVER LETTER DESCRIBING THE STATUS OF YOUR POSTDOCTORAL TRAINING, A DESCRIPTION OF YOUR RESEARCH INTERESTS AND CAREER GOALS, AND HOW SUPPORT FROM THE MUSCULOSKELETAL TRAINING GRANT WILL HELP TO PURSUE THOSE GOALS.
2. YOUR CURRICULUM VITAE
3. REPRINTS (MAXIMUM OF 3 PEER-REVIEWED MANUSCRIPTS).
4. LETTER OF RECOMMENDATION FROM YOUR *PREDOCTORAL* ADVISOR. THIS LETTER SHOULD SPECIFICALLY ASSESS YOUR INTEREST AND POTENTIAL IN PURSUING AN INDEPENDENT RESEARCH CAREER IN THE FIELD OF MUSCULOSKELETAL RESEARCH. THIS LETTER SHOULD BE IN A SEALED ENVELOPE AND SUBMITTED WITH THE REST OF THE APPLICATION, OR SENT DIRECTLY TO JULIA HUTCHCROFT BY EMAIL ONLY TO [HUTCH006@UMN.EDU](mailto:hutch006@umn.edu).
5. LETTER OF RECOMMENDATION FROM YOUR *POSTDOCTORAL* MENTOR. THIS LETTER SHOULD INCLUDE A STATEMENT INDICATING THAT YOUR MENTOR SUPPORTS YOUR INTEREST IN PURSUING MUSCULOSKELETAL-RELATED POSTDOCTORAL RESEARCH AND WILL SUPPORT YOUR PARTICIPATION IN TRAINING GRANT ACTIVITIES. THIS LETTER SHOULD BE IN A SEALED ENVELOPE AND SUBMITTED WITH THE REST OF THE APPLICATION.
6. A COPY OF YOUR *POSTDOCTORAL* MENTOR'S EXTERNAL RESEARCH FUNDING (IN NIH OTHER SUPPORT FORMAT).

APPLICATIONS CAN BE SENT TO: JULIA HUTCHCROFT  
CANCER CENTER, MMC 806  
ROOM 460 CCRB  
420 DELAWARE ST., SE  
MINNEAPOLIS, MN 55455

PHONE: 612-626-9934  
FAX: 612-624-0944  
[hutch006@umn.edu](mailto:hutch006@umn.edu)

**APPLICATION DEADLINE IS MAY 1, 2004**

QUESTIONS?—CONTACT DR. JENNIFER WESTENDORF AT 612-626-3365 OR [WESTE047@UMN.EDU](mailto:WESTE047@UMN.EDU).