

# DATA National Service Scholar Program Application

**OMB Burden Statement**  
**OMB No.: 0925-0740**  
**Expiration Date: 07/31/2022**

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being asked to complete this form so we can process your application for the Data and Technology Advancement (DATA) National Service Scholar program.

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

1. Full Name \*

2. Email Address \*

3. Select your degree(s). Please note participation in this program requires at least one doctoral-level degree by the anticipated start time of the program. \*

☐ Ph.D.

☐ M.D.

☐ D.V.M.

☐ Pharm.D.

☐ Eng.D.

☐ Dr.P.H.

☐ D.O.

☐ DDM

☐ DCS

☐ D.B.A.

☐ Other

4. What sex were you assigned at birth, on your original birth certificate? \*

☐ Male

☐ Female

☐ Don't know

☐ Prefer not to answer

5. What is your current gender? \*

☐ Female

☐ Male

☐ Transgender

☐ Two-Spirit (If American Indian or Alaska Native)

☐ I use a different term

☐ Don't know

☐ Prefer not to answer

6. Which of these best describes your race (choose one or more)? \*

Learn more about [NOT-OD-20-031](#).

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Prefer not to answer

7. Which of these best describes your ethnicity (choose one)? \*

☐ Hispanic or Latino

☐ Not Hispanic or Non-Latino

☐ Prefer not to answer

8. Are you an individual with a disability that substantially limits one or more major life activities, as described in [Notice of NIH's Interest in Diversity](#)? \*

☐ Yes

☐ No

☐ Prefer not to answer

9. Are you an individual from disadvantaged background, as described in [Notice of NIH's Interest in Diversity](#)? \*

☐ Yes

☐ No

☐ Prefer not to answer

10. Please rank your choice of projects. \*

	1	2	3
AI-Ready Data Ecosystems for Pandemic Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automating Review and Update of Consumer Health Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building an Interoperable Autoimmunity, Inflammation, and COVID-19 Data Ecosystem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating Multi-modal Cancer Data Integration Solutions from Cross-atlas Datasets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Democratization of NIDDK Knowledgebases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhancing Interoperability of Multi-modality Medical Image and Multi-format Clinical Data Repositories for AI/ML Algorithm Development for Clinical Applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploration of Wearable Device Data in Predicting Clinical Outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing Language Models for Biological Sequences in Biomedical Repositories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Implementation and Usability Testing of a Cloud-based Research Collaboration Platform for Mitigating AI Bias and Health Disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision for Improving Interoperability for Eye Health Data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How did you hear about this opportunity?

12. Country of Affiliation \*

☐ United States

☐ Other

13. Institution/Organization of Affiliation \*

14. Current (or most recent) position \*

15. Preference on DATA Scholar position duration \*

☐ 1 year

☐ 2 years

☐ No Preference

16. Citizenship \*

Read more about [Non-citizen National](#).

☐ U.S. Citizen

☐ U.S. Non-citizen National

☐ U.S. Permanent Resident

☐ Non-U.S. Citizen

17. Upload Cover Letter [Word or PDF] \*

Include in the cover letter why you are interested in this program and how you will use your experience to address data challenges and advance the mission of NIH. Include your vision of the impact of data science in biomedical research and public health. Include also any contributions to enhancing the diversity of the data science workforce.

Browse...

18. Upload Resume [Word or PDF] \*

Include in the resume relevant accomplishments, including but not limited to data science projects, publications and products (with links if applicable). Highlight your expertise in data science skills, tools and technologies. Include also your work and/or professional experience, as well as academic history, honors and service.

Browse...

19. Reference 1 \*

Name

Email

Phone #

Title

Affiliation

20. Reference 2 \*

Name

Email

Phone #

Title

Affiliation

21. Reference 3 \*

Name

Email

Phone #

Title

Affiliation

Submit

0%