

The American Association of Immunologists Career Reentry Fellowship Application Instructions Deadline: September 6, 2023

Application Assembly

The application should be assembled in the following order:

- 1. Trainee Information Page
- 2. Trainee Statement
- 3. Research History
- 4. Research Plan
- 5. Mentoring Plan
- 6. Funding Confirmation Form

- 7. Trainee CV or Biosketch
- 8. PI Biosketch (NIH format)
- 9. Two letters of recommendation from a laboratory supervisor or mentor, graduate school advisor, or thesis committee member
- 10. A tentative written offer of appointment as a postdoctoral fellow

Applicant Information Section

- 1. Fill in each field with complete information. All fields must be completed, and both the trainee and PI must sign in the indicated fields.
- 2. For the "Total Funding in U.S. Dollars" field, the PI should fill in the total amount of funding calculated from the completed Funding Confirmation Form (page 8). See instructions for filling out this form (page 7).
- 3. Fill in each field with complete information. All fields must be completed.
- 4. "Degree Date" field: fill in the date the Ph.D. degree was conferred.

Trainee Statement Section

- 1. Please type your Trainee Statement, Research History, and Research Plan in the fields provided in the application.
- 2. The Trainee Statement should outline the circumstances for which the applicant took a leave of absence. These reasons may include recovering from a serious illness; caring for an immediate family member (spouse, child, or parent) with a serious illness or injury; providing elder or child care; fulfilling a military obligation; or relocating due to a spousal career transition. This statement should be no longer than 1 page.
- 3. The Trainee Statement should detail the trainee's motivation for choosing a career in science, his/her most significant accomplishments, and his/her career aspirations.
- 4. The Trainee Statement should also describe how receiving the award will help the trainee's career.

Research Section

- 1. The Research History and Research Plan should be no longer than 1 page each and should follow the same formatting requirements as point 1 in the **Trainee Statement Section** above.
- 2. The Research History should contain a brief description of the trainee's past research experience in immunology or a related field.
- 3. The Research Plan should contain a short summary of the overarching goals of the trainee's research for the postdoctoral fellowship. This fellowship should be focused on research in immunology or related research.
- 4. The Research Plan cannot contain figures, and additional pages with figures may not be attached.

Mentoring Plan

- 1. The Mentoring Plan should be no longer than 1 page and should follow the same formatting requirements as point 1 in the **Trainee Statement Section** above.
- 2. The Mentoring Plan should explain how the applicant's future experience in your laboratory will enrich their skills and knowledge and create opportunities for their next career steps after having successfully completed the AAI Career Reentry Fellowship.
- 3. Please include how the mentoring plan will address gaps in their skills and knowledge. Items to consider include proficiency in writing and/or oral presentation skills, gaining knowledge in a subject relevant to their research, traveling to meetings to meet colleagues and leaders in the field, and creating professional connections.

Letters of Recommendation

1. The letters of recommendation from a laboratory supervisor or mentor, graduate school advisor, or thesis committee member should speak to the applicant's academic performance, work experience, laboratory skills, personal qualities, and/or circumstances for the career hiatus.

Written Offer of Appointment

- 1. Please attach the mentor's tentative written offer of the applicant's appointment as a postdoctoral fellow.
- 2. You may include a brief research statement from the mentor describing the fellowship project.

Submission

Please delete the Application Instructions and Funding Confirmation Form Instructions pages prior to submitting your application. All documents should be uploaded as a single combined PDF file, and send to fellowships@aai.org. Please be aware that the single, combined PDF must be no larger than 20MB. Packages that are not complete will not be considered.

For questions about program eligibility or the application, please contact fellowships@aai.org.

Applications will be accepted beginning June 1, 2023. Complete application packages must be received by 11:59 PM E.T. on September 6, 2023. Incomplete application packages or applications that do not comply with the stated instructions will not be considered. AAI will not accept materials sent separately or through regular mail. Final award decisions are made at the discretion of AAI.



The American Association of Immunologists Funding Confirmation Form Instructions

The Funding Confirmation Form (FCF) is intended to provide AAI with accurate documentation of your research funding portfolio for the indicated fiscal year. This information is used to determine your financial eligibility for several AAI programs. Please review the following instructions before you fill out the FCF to ensure that you provide correct and complete funding information. Any application submitted with an incomplete FCF will not be considered for award.

A filled-in sample of the "Research Support" portion of the FCF has been provided below for your reference:

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-PI)	Direct costs for 1/1/23-12/31/23 (in U.S. \$)
Ex 1: R01 AI160-09	NIAID/NIH	9/5/20-8/31/43	PI	\$93,108
Ex 2: 156478913	NSF	2/5/20-5/8/23	Co-PI	\$8,034
Ex 3: 14PAI16114	Amer. Heart Assoc.	No-cost ext.	PI	\$42,548
Ex 4: Start-up Funds	University of XYZ	Unlimited	PI	\$82,548
Ex 5: 14SIC184	McIver's Cancer Trust	8/1/21-7/31/24	PI	\$0 (PI salary only)
Ex 6: Careers in Immunol Fellowship	AAI	9/1/22-8/31/23	Fellow	\$19,100
			Total	\$245,338

Instructions:

- 1. Under "Grant type/number," please list the names or numbers of all mechanisms of support individually, including federal, state or private grants; departmental support; start-up funds; and other support. You must also list grants on which you are a co-investigator and grants that are under no-cost extension. Please list both funding mechanisms that have allocations for direct costs (see *Ex 1-4*, *6* in the above sample) and those that do not provide money for direct costs (see *Ex 5* in the above sample).
- 2. Under "Funding organization," write the name of the funding body that provided you with each funding mechanism. The names of well-known organizations, including government institutions and large non-profits may be abbreviated (see *Ex 1-3*), but please write out the names of less well-known funding bodies (see *Ex 5*).
- 3. Under "Funding period," please write the total duration of the award from the start date to the end date using the format MM/DD/YY–MM/DD/YY (see *Ex 1-6*).
- 4. Under "Role," please indicate your designated title for each funding mechanism. Common roles include PI, co-PI, mentor, coordinator, or adviser.
- 5. a. Under "Direct costs for 1/1/23-12/31/23" please indicate the amount of money allocated for direct costs from each funding mechanism in 2023, beginning 1/1/23 and ending 12/31/23. Please list all grants for 1/1/23-12/31/23, even if "0" dollars in funding remain.
 - b. For grants operating under no-cost extension, please specify the amount of funds remaining.
 - c. For grants on which you are a co-PI, please indicate only the amount of funds that are allocated for your specific research use. Do not provide the total amount of funds allocated to the group.
 - d. Please exclude funds dedicated to PI salary (see Ex 5) for each funding mechanism listed.
 - e. Grants which provide salary support for laboratory personnel, including AAI Careers in Immunology Fellowships (see *Ex 6*), should be included.
- 6. The FCF form must be signed by the department chair or dean to certify that the applicant's funding status is accurate. If you are the department chair or dean, you must have your supervisor sign the form.

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The American Association of Immunologists Career Reentry Fellowship Application

(This form must be completed in its entirety, signed, and submitted with other requested materials.)

Please type responses.

TRAINE	EE INFO	ORMATIC	ON										
Last Name			First N or Initi			Middle Initial	Name or			Title Pos			
Institution	1							Department					
Street Add	dress												
City				State					Country	,			
Zip Code			Phoi	ne	·	Fax				Email			
AAI Men (if applical			'	'	Degree Date						'		
Signature		-			'					Date			
PI INFO	RMAT	ION											
Last Name			First Na or Initia			Midd or In	lle Name itial			Ti Po	le/ sition		
Institution	ı							Department					
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City				State					Country	,			
Zip Code			Phoi	ne		Fax				Email			
AAI Mem (if applicat			'		Total Funding (from Funding	in U.S. D Confirma	ollars ation Form	ı			·		
Signature										Date		 	

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A. Trainee Statement (1 page maximum; see page 1 for formatting requirements):

B. Research History (1 page maximum; see page 1 for formatting requirements):

C. Research Plan (1 page maximum; see page 1 for formatting requirements):					

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D. Mentoring Plan (1 page maximum; see page 2 for formatting requirements):



The American Association of Immunologists Funding Confirmation Form

(This form must be completed in its entirety and signed by the Department Chair or Dean.)

Please type responses.

AAI Member ID:				
Full Name/Degree:				
Title:				
Email Address:				
Mailing Address:				
•	funds; and other support (excluded) ecify the amount of funding who your use. If you have no funding	ling PI salary). Attach ich remains. For grant g, please state "none"	a second sheet its on which you are	f needed. If a grant re a co-investigator,
Information for each column in application to be considered.	nust be filled out completely fo	r each mechanism of	research support	in order for your
Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-I)	Direct costs for 1/1/23-12/31/23 (in U.S. Dollars)
			 Total	
Depart	ment Chair/Dean Certification	on of Applicant's Fu	ınding Status	
I hereby certify that the PI i on this form is correct and c		in full-time researcl	n and the inform	nation provided
Print Name of Department Ch	air/Dean			
Signature:		Date:		
AAI Member Number:		(If applicable)		
Email Address:				
Office Phone Number:				
Applications missing comple				