
BIOGRAPHICAL SKETCH
2026-27 KIBM Postdoctoral Scholars Program

Provide the following information for the postdoctoral applicant.
DO NOT EXCEED FOUR PAGES.

POSTDOCTORAL APPLICANT NAME:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Start Date MM/YYYY	Completion Date MM/YYYY	FIELD OF STUDY

A. Positions and Appointments

B. Professional Memberships and Affiliations

C. Honors, Grants or Fellowships

D. Publications

Please **bold/underline** your name in the author list.

Peer-reviewed publication

Reviews and book chapters

Manuscripts in preparation/submission

E. Talks

F. Academic Leadership and University/Public Service