# APPLICATION FOR NATIONAL RESEARCH SERVICE AWARD

**FELLOWSHIP PROGRAM**

University of Washington Department of Psychiatry & Behavioral Sciences

Box 356560

Seattle, WA 98195-6560

(206) 543-7177

Name:

Telephone (Home):

Address: (number & street) (city) (state) (zip code)

Mailing address, if different:

Education experience (attach additional sheets if needed):

College or School Location Dates Degree

Professional licensure and certification (give dates):

Do you envision any problems in obtaining a Washington State License?

REFERENCES: List the names of three persons whom you have asked to send letter of recommendation. (If you are a recent graduate, we suggest your residency program director or department chairperson to be one of these.)

1.

2.

3.

*Please request your medical school to send a copy of the Dean’s letter, a summary prepared upon graduation or a transcript.*

ADDITIONAL INFORMATION – Please provide the following on additional sheets:

1. A current curriculum vitae
2. Cover Letter (2 pages maximum)
   1. Candidate Background
   2. Professional Goals
   3. Proposed Mentor(s)
   4. Training Plan
3. Proposed Research Project or Projects (3 Pages maximum excluding references)
   1. Background
   2. Specific Aims
   3. Methods

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The University of Washington has an approved affirmative action program. This information is desired in the performance of that program.

Gender:

Race:

Ethnicity:

U.S. Citizen?

Signature: Date: