

**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):

<u>College or School</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>
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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)
 - a. Candidate Background
 - b. Professional Goals
 - c. Proposed Mentor(s)
 - d. Training Plan
3. Proposed Research Project or Projects (3 Pages maximum excluding references)
 - a. Background
 - b. Specific Aims
 - c. Methods

Optional Information:

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: