

**Fellowship Grant Proposal Cover Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | | | | |
|  | **Research Mentor** | | | **Research Fellow** |
| Last Name |  | | |  |
| First Name |  | | |  |
| Degree (s)  (MD, PhD, etc) |  | | |  |
| Institution |  | | |  |
| Position |  | | |  |
| Department |  | | |  |
| Address |  | | |  |
|  | | |  |
| Phone # |  | | |  |
| Fax # |  | | |  |
| Email |  | | |  |
| Type of Study: | Research ⁪ | | | Bench ⁪ Clinical ⁪ |
|  | Fellowship ⁪ | | | |
| Study Title: |  | | | |
|  | |  |  | | |
| Project Begin Date (mm/dd/yy) | |  | If Applicable, please include any other required information: | | |
| Project End Date (mm/dd/yy) | |  |  | | |
| Budget per Year: *(US Dollars)* | |  |
| Total Budget: *(US Dollars)* | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Send Award documents to:** | | | |
| Mailing Address | | Courier Address | |
| Name |  | Name |  |
| Department |  | Department |  |
| Institution |  | Institution |  |
| Address |  | Address |  |
|  |  |  |  |
| City/State/Zip |  | City/State/Zip |  |
| Country |  | Country |  |
| Phone # |  | Phone # |  |
| Fax # |  | Fax # |  |
| Email |  | Email |  |