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| **LERN_identity_color** | **Lymphatic Education & Research Network Postdoctoral Fellowship Awards Program Application Face Sheet 2016 - *Project Period: July 1, 2016 – June 30, 2018*** |

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| --- | --- |
| **TITLE OF PROJECT**: | **KEY WORDS**: |
| **APPLICANT** Male [ ]  Female [ ]  | **MENTOR** |
| Name, Degree(s): |  |  | Name, Degree(s): |  |  |
| Academic/Research Title: |  |  | Full Academic Title: |  |  |
| Department: |  |  | Department: |  |  |
| Institution: |  |  | Institution: |  |  |
| Address: |  |  | Address: |  |  |
|  |  |  |  |  |  |
| Telephone: |  |  | Telephone: |  |  |
| Email: |  |  | Email: |  |  |
| Country of Birth: |  |  |  |  |  |
|  |  |  |  |  |
| **APPLICANT’S EDUCATIONAL HISTORY** |  |
| Undergraduate School: |  |  | Graduate School: |  |  |
| Degree/year awarded: |  |  | Degree/year awarded: |  |  |
|  |  |  | Other graduate degree(s): |  |  |
|  |  |  |  |  |  |
| **YEARS of FULL-TIME POSTDOCTORAL EXPERIENCE COMPLETED by July 1, 2013**0 [ ]  1 [ ]  2 [ ]  3 [ ]   | **Ph.D. Dissertation**(if applicable): | Day/ Month:  |  | Year: |  |  |
| **First Postdoc. Position** | Day/ Month:  |  | Year:  |  |  |
|  |  |  |
| **INSTITUTION WHERE PROJECT WILL BE CONDUCTED:** |
| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** |  | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** |  |
| Name: |  |  | Name:  |   |  |
| Title: |  |  | Title: |  |  |
| Institution: |  |  | Institution: |  |  |
| Email: |  |  | Email: |  |  |
|  |  |  |  |  |  |
| **CERTIFICATION**: By signing this Face Sheet, we certify that the statements contained in this Face Sheet and Online Submission are true and complete to the best of our knowledge, and agree to accept the terms of the Lymphatic Education & Research Network Postdoctoral Fellowship Awards Program as documented in the Application Guidelines and Terms of the Award. The Applicant and Mentor also confirm that they are responsible for obtaining any required human subjects, animal use, and/or other required institutional approvals. |
|  |  |  |  |  |  |  |
|   | **APPLICANT Date** |  | **MENTOR Date** |  |  **AUTHORIZED REP Date** |  |
|   |

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Applicant’s Biosketch\* (max 5 pages)

Research Proposal (max 6 pages, excluding references)

Mentor’s Biosketch and List of Trainees (max 6 pages)

Thesis Advisor Explanation (if applicable)

*\*Use templates found here:* [*www.tmfgrants.org/LERN*](www.tmfgrants.org/LERN)

##  PROJECT SUMMARY

***Maximum length: 300 words***

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Institution: |  |
| Mentor’s Name: |  |
| Title of Project: |  |
| Key Words: |  |
|  |  |

The Project Summary is a 300 word scientific abstract stating the research project's broad, long-term objectives and specific aims. Describe concisely the research design and methods for achieving these goals. Please include an explanation on how your project aligns with LE&RN’s mission.

The same Project Summary should be used for both the Online Submission and this form.

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