**Charles A. King Trust**

**Postdoctoral Research Fellowship Program**

***October 1, 2026 – September 30, 2028***

***Applicant Eligibility Information***

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| APPLICANT: | Name, degree(s) |  |
| Title |  |
| Department |  |
| Institution |  |
| Email |  |
| TITLE OF PROJECT: |  |
| KEY WORDS: |  |
| Years of full-time postdoctoral (or equivalent) research experience completed by October 1, 2026: | 0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  |
| Protected time for research if awarded (percent): |  |
| Education, Training and Career History: Please provide a brief timeline of your clinical and/or research training experience. Include all relevant experience since completion of your doctoral degree, as this information will be used to help determine eligibility and stipend level. Pauses in research experience should be explicitly outlined. *Please highlight time spent in post-doctoral research training (or equivalent) with an asterisk (\*)*. |
| Start Date | End Date | % Research Effort | Position/Degree or Pause in Research*(e.g., graduate school [PhD]; medical school [MD, DO, etc.]; Postdoctoral fellowship; Residency; Clinical Fellowship; Research Internship; family/medical leave, etc.)* | Institution |
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| Postdoctoral Publications:Please list all peer reviewed research articles (review articles not allowed) that have resulted from postdoctoral work. Bold your name and list your contributions to the work using [CRediT](https://credit.niso.org/) taxonomy or similar (e.g. conceptualization or design, acquisition, analysis, or interpretation of data; creation of software or tool used in work; drafted or edited manuscript).  |
| Reference | Contribution | Publications Senior /Last Author (lab the work originated in). |
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| Applicant’s Current and Pending Support – *Applicant should list all active and pending support where they are the PI (e.g. do not include a mentor’s award you are supported by), addressing potential overlap (if any) associated with the current proposed project. If the research project is supported by other funding sources, a plan must be provided outlining how duplication of funding will be avoided. List N/A if Applicant has no other active or pending support.* |
| Funding Source, Project Title, Funding Period, and Status*(e.g. Organization Name, “Project Title” XX/XX/XXXX – XX/XX/XXXX, Approved. Include date of notification if status is pending)* | Total Amount and Annual Direct Costs  | Role on the Project and Percent Effort*(e.g. PI/Postdoc, 80% effort)* | Describe any scientific or budgetary overlap with this proposal and outline how duplication of funding will be avoided.  |
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