

Kirschstein–NRSA Individual Fellowship Application*(To be completed by applicant – follow PHS 416-1 instructions)*NAME OF APPLICANT *(Last, first, middle initial)***SPONSOR and Co Sponsor Information**

15. NAME OF SPONSOR	16. NAME OF Co-SPONSOR <i>(When applicable)</i>
15a. NAME AND DEGREE(S)	16a. NAME AND DEGREE(S)
15b. ERA COMMONS USER NAME	16b. ERA COMMONS USER NAME
15c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	16c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT
15d. MAJOR SUBDIVISION	16d. MAJOR SUBDIVISION
15e. Address:	16e. Address:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-Mail:

RESEARCH PROPOSAL

17. DESCRIPTION: See instructions. State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the **mission of the agency**). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

In addition, in two or three sentences, describe in plain, lay language the relevance of this research to **public health**. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**