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| 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 *(When applicable*) | | | |
| 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.** | | | | | | |
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PHS 416-1 (Rev. 6/15) Page 2 Number pages consecutively at the bottom throughout Form Page 2  
 the application. Do not use suffixes such as 2a, 2b.