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| <b>Kirschstein-NRSA Individual Fellowship Application</b><br>(To be completed by applicant – follow PHS 416-1 instructions)   |  | NAME OF APPLICANT (Last, first, middle initial)     |
| <b>SPONSOR and Co-Sponsor Information</b>   |  |   |
| 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:   |
| <b>RESEARCH PROPOSAL</b>  |  |   |
| <p>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 <b>mission of the agency</b>). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.</p> <p><b>In addition</b>, in two or three sentences, describe in plain, lay language the relevance of this research to <b>public</b> health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. <b>DO NOT EXCEED THE SPACE PROVIDED.</b></p> |  |   |