Kirs	schstein-NRSA	Individual Fellows Checklist	ship Application N	NAME OF APPLICANT (Last, first, middle initial)			
To be completed by Applicant							
A. TYPE OF APPLICATION							
	NEW application (This application is being submitted to the PHS for the first time.)						
	RESUBMISSION of application number						
	(This application replaces a prior unfunded version of a new or renewal application.)						
	RENEWAL of award number						
	(This application is to extend a funded award beyond its current award period.)						
	$\neg$	onsoring Institution	Name of former Institution:	, ,			
B. A	SSURANCES/CER	TIFICATIONS					
CE G	In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in the NIH Grants Policy Statement, Section 4: Public Policy Requirements, Objectives and Other Appropriation Mandates. If unable to certify compliance, where applicable, provide an explanation and place it after this page.						
C. K	KIRSCHSTEIN-NRSA SENIOR FELLOWSHIP APPLICANTS ONLY						
PRESENT INSTITUTIONAL BASE SALARY     Amount							
2.	2. STIPEND/SALARY DURING FIRST YEAR OF PROPOSED FELLOWSHIP  a. Stipend requested from PHS Amount Number of months						
	b. Supplementation from other sources						
Amount Number of months Type (sabbatical leave, salary, etc.) Source				c.) Source			
D. TI	UITION and FEES						
Predoctoral applicants should list estimated combined costs of tuition and fees. Postdoctoral applicants should list the estimated costs for the							
tuition and fees for courses planned that support the research training experience. For postdoctoral applicants, those courses should be described under Section D. Research Design and Methods of the Research Training Plan. Health insurance for predoctoral and postdoctoral fellowships is now paid as part of the institutional allowance. Senior Fellowship applicants should omit this section.							
	None Requested						
Fu	Funds Requested:						
_	•					Year – 06	
_	Year – 01	Year – 02	Year – 03	Year – 04	Year – 05	(when applicable)	
E. CHILDCARE COSTS							
List, by year, the amount of childcare costs requested. The NRSA childcare costs apply to full-time NIH-NRSA-supported fellowship positions. Each fellow is eligible to receive \$2,500 per budget period for costs for childcare provided by a licensed childcare provider. Childcare costs are permitted for dependent children living in the eligible fellow's home from birth under the age of 13, or children who are disabled and under age 18. Childcare costs do not apply to elder or non-child dependent care costs. Refer to NOT-OD-21-074 and FAQs about childcare costs.							
None Requested							
Funds Requested:							
	Year – 01	Year – 02	Year – 03	Year – 04	Year – 05	Year – 06 (when applicable)	