

Application for Workshop on Extramural Programs and Grant Support

To be completed by the postdoctoral Fellows: please complete all information required

Name \_\_\_\_\_  
Last First Middle Initial

Title \_\_\_\_\_

Lab \_\_\_\_\_ Extension \_\_\_\_\_

Institute \_\_\_\_\_ Building \_\_\_\_\_ Room Number \_\_\_\_\_

Date, institution and field of doctoral degree:

\_\_\_\_\_

Doctoral degrees earned Ph.D. \_\_\_\_ M.D. \_\_\_\_ M.D., Ph.D. \_\_\_\_ D.D.S. \_\_\_\_ Other \_\_\_\_

Have you ever applied for federal support? yes \_\_\_\_ no \_\_\_\_

If so, please check those that apply: predoctoral \_\_\_\_ postdoctoral \_\_\_\_  
research grant \_\_\_\_

Date appointment began at NIH (month, year) \_\_\_\_\_

Date appointment terminates at NIH (month, year) \_\_\_\_\_

Career plans: Teaching and research \_\_\_\_ Research only \_\_\_\_ Teaching only \_\_\_\_

Type of research: Basic \_\_\_\_ Clinical \_\_\_\_ Basic and clinical \_\_\_\_

Where has (will) employment been sought?

\_\_\_\_\_

Signature of Laboratory Chief

Type or Print Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Applications must be typed or printed. No abbreviations please. Please return this form to. Dr. Marc Rhoades, NIGMS, Room 918, Westwood Building, before C.O.B., March 18. If you need applications, please make photocopies. Applicants will be notified by mail during the week of March 25, if accepted or not. Please call 496-7137 three to five days before the workshop if you have not received notification regarding acceptance.