

Vision Training Program Post-Doctoral Fellowship Application

Name: _____
Last (Family or Surname)
First
Middle

PGY year and anniversary date, if postdoctoral training has already begun: _____

TABLES INFO: EDUCATION HISTORY

School	Start (mo/yr)	End (mo/yr)	Major Field of Study	GPA	Degree	Date Received

Mentoring Faculty Name: _____

Date you joined or plan to join Stanford in your current mentor's group: _____

Other Faculty Collaborators (if any): _____

Papers published and abstracts/conference presentations with your current Stanford mentor(s), if any (please re-paste from CV or biosketch):

What do you consider the optimal time for you to begin your post-doctoral fellowship, if it is awarded? How flexible is the starting time (please give a range of weeks or months)?

What is your current funding source? Will you bring a grant with you?

Research Plan:

1. What is the title of your project?

2. Brief summary of your project (3 sentences).

3. Please attach a 1-2 page Research Plan. This can be a slightly expanded “Specific Aims” page and should include a brief **Introduction, clearly stated Hypothesis and Specific Aims, and very brief reference to Research Plan or Methods.** (Please use Arial 11 font).

4. Please include a copy of your CV or NIH-format Biosketch.

ATTESTATION: Please note that your mentor will be required to attest to these as well; mentors whose T32-funded trainees do not follow through on these commitments will not be able to prioritize subsequent trainee candidates for future T32 funding.

You understand this is a full year (12-month) commitment.

You are a citizen or permanent resident/green card holder or will be by the start date of your fellowship.

You understand that a requirement of this training grant is participation in (clinics, basic science course in July; research grand rounds 1/month; vision research trainee rounds 2/month; annual or quarterly vision science symposia)

You understand you will be required to submit a final report at the end of a funding year and again at the end of your postdoctoral fellowship.

I attest that the information I provided above and in the rest of the application and supporting material is valid. I understand that my funding may be jeopardized if these requirements are not fulfilled.

Signature:

Date