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| <b>Kirschstein–NRSA Individual Fellowship Application</b><br><i>(To be completed by applicant – follow PHS 416-1 instructions)</i>  |   | NAME OF APPLICANT <i>(Last, first, middle initial)</i> |
| <b>SPONSOR and Co-Sponsor Information</b>   |   |  |
| 17. SPONSOR   | 18. Co-SPONSOR <i>(When applicable)</i> |  |
| 17a. NAME AND DEGREE(S)   | NAME AND DEGREE(S)                      |  |
| 17b. ERA COMMONS USER NAME  | ERA COMMONS USER NAME                   |  |
| 17c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT   |   |  |
| 17d. MAJOR SUBDIVISION  |   |  |
| 17e. Address:   | Address:                                |  |
| Telephone:  | Telephone:                              |  |
| Fax:  | Fax:                                    |  |
| E-Mail:   | E-Mail:                                 |  |
| <b>RESEARCH PROPOSAL</b>  |   |  |
| <p>19. 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 health</b>. 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> |   |  |