THE SMITH-KETTLEWELL EYE RESEARCH INSTITUTE
FELLOWSHIP APPLICATION

PART I

1. APPLICANT'S NAME: CITIZENSHIP:
2. PRESENT MAILING ADDRESS:
3. PRESENT AFFILIATION AND PERMANENT MAILING ADDRESS:
4. PRECEPTOR AT SKERI:
5. TITLE OF PROJECT:
6. DATES OF FELLOWSHIP: FROM: _____ TO: _____
7. TOTAL AMOUNT REQUESTED:
8. SPACE REQUIREMENTS AND/OR AVAILABILITY:
9. WILL HUMAN SUBJECTS BE INVOLVED IN THIS PROJECT? _____

   WILL VERTEBRATE ANIMALS BE INVOLVED IN THIS PROJECT? _____

SIGNATURE OF APPLICANT DATE SIGNATURE OF PRECEPTOR

_____ _____ _____

OPTIONAL:

RACE:
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☐ White

ETHNICITY:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

ADMINISTRATIVE USE ONLY

FELLOWSHIP COMMITTEE RECOMMENDATION: _____

_____DATE: _____