

FELLOWSHIP OF THE



IMMUNE DEFICIENCY FOUNDATION

The National Organization Devoted To Research And Education For The Primary Immune Deficiency Diseases.

The Immune Deficiency Foundation Fellowship is supported through an educational grant from the American Red Cross, Aventis Behring, Baxter Healthcare Corporation, Bayer Corporation, FFF Enterprises, Inc., and ZLB Bioplasma Inc.

NAME: SOCIAL SECURITY NO.:

MAILING ADDRESS: TELEPHONE NO.:

PERMANENT ADDRESS: TELEPHONE NO.:

DATE OF BIRTH: PLACE OF BIRTH:

CITIZENSHIP: DATE OF PROPOSED FELLOWSHIP:

EDUCATION (fill in those applicable)

<u>Undergraduate</u>	Institution/Location	Dates	Degree	Field
<u>Graduate</u>				
<u>Medical</u>				
<u>Residency</u>				
<u>Fellowship</u>				

HONORS: SOCIETIES:

PROFESSIONAL AND SCIENTIFIC EXPERIENCE/PRACTICE (use continuation sheet if needed):

PUBLICATIONS (use continuation sheet if needed):

RECOMMENDATIONS: List the names of 2 individuals (in addition to your sponsor). Include a letter of recommendation from each at the time of your application.

Name

Address

SPONSOR: Indicate with whom you wish to do your fellowship. Include with your application a letter of recommendation from your sponsor, his/her curriculum vitae and bibliography.

COMMENTS: Discuss any additional factors you feel will be helpful to the Foundation in evaluating your application.

STATEMENT OF PROPOSED RESEARCH: Discuss your research proposal as precisely as possible. Present the scientific background of the proposal, what questions you hope to answer, and the experimental plan you will use to answer them. If helpful, discuss your experience in this or a related area as well as your sponsor's experience. Please limit your description to no more than 5 pages.

STATEMENT OF PROPOSED CLINICAL TRAINING: If applicable, discuss any clinical training you hope to receive as part of your fellowship. Indicate how much of your time will be devoted to patient care and the kinds of patients for whom you will be caring. Confine to this page.