

Application Form for the 2015-2016 Lemelson Student Fellowship

Name: _____

Email: _____

Telephone: _____

Mailing Address:

Address

Country

State / Province / Region

City / Town

Zip Code / Postal Code

Department: _____

Institution: _____

Student ID #: _____

Graduate school status: _____

Names of current graduate advisory committee (please indicate who is the committee chair):

Current graduate school support and dates (list fellowships, research assistantships, etc.):

Individual writing the letter of recommendation:

Name: _____

Email: _____

Requested funding amount: \$ _____

Title of proposed research project:
