

# Application Form for the 2016-2017 SPA / Lemelson Student Fellowship

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Permanent mailing address: (Not your institutional or business address)

\_\_\_\_\_ Street address

\_\_\_\_\_ Country \_\_\_\_\_ State / Province / Region

\_\_\_\_\_ City \_\_\_\_\_ Zip Code / Postal Code

Graduate department: \_\_\_\_\_

University: \_\_\_\_\_

Student identification number (only used to confirm registration): \_\_\_\_\_

Total years of graduate education completed to date, including all educational institutions:

None      One      Two      Three      Four

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

\_\_\_\_\_

Individual writing the letter of recommendation:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Requested funding amount: \$ \_\_\_\_\_

Title of proposed research project:

\_\_\_\_\_

Other funding you have applied for or plan to apply for to support the same research project (Please specify the funding agency and the amount of funding you have or may request. If you will not be applying for other funding, please specify "None"):

\_\_\_\_\_

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