

2018-2019 Application Form
SPA / Robert Lemelson Foundation Student Fellowship

Name: _____

Email: _____ Telephone: _____

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

Street address

City

State / Province / Region

Zip Code / Postal Code

Country

Graduate department: _____

University: _____

Student AAA identification number (only used to confirm registration): _____

Total years of graduate education as of May 2018, including all institutions:

None One Two Three Four Five+

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

Individual writing the letter of recommendation:

Name: _____ Email: _____

Requested funding amount: \$ _____

Title of proposed research project: _____

All other funding you have applied for or plan to apply for to support the proposed 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"):