

**2023-2024 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 2023, 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"):