



Section 1 – Administrative Information:

PROJECT TITLE

FULL TITLE OF RESEARCH PROPOSAL

ABBREVIATED TITLE OF RESEARCH PROPOSAL

PRINCIPAL INVESTIGATOR

NAME	TITLE AND POSITION
DEGREES	DEPARTMENT
INSTITUTION	
STREET ADDRESS	
CITY	STATE OR PROVINCE
COUNTRY	ZIP CODE
TELEPHONE	FAX
EMAIL	

TOTAL AMOUNT REQUESTED (UP TO \$52,500 FOR PhD TRAINEES OR UP TO \$102,500 FOR POSTDOCTORAL FELLOWS)

CERTIFICATION AND ACCEPTANCE

The undersigned agrees to (1) pursue the scientific investigation described in the Research Plan, (2) acknowledge support from the Wyck Foundation in any publication resulting from an award, and (3) comply with all of Wyck’s eligibility requirements set forth in the RFA titled “PhD Trainee and Postdoctoral Research Fellowships in Myotonic Dystrophy.” Failure to comply with these requirements shall be considered a material breach of this application. Copies of reprints or manuscripts supported by this grant shall be made available to the Wyck Foundation.

(SIGNATURE OF APPLICANT)
TYPED NAME OF SIGNATOR

“I certify to the best of my knowledge that the statements contained within are complete and accurate and acknowledge that applicant is an employee of the institution in good standing. I further certify that I am authorized by the Institution to make these representations on its behalf.”

(SIGNATURE OF SIGNATURE OF AUTHORIZING OFFICIAL FOR SUBMITTING PI’S ORGANIZATION)
TYPED NAME OFSIGNATOR)
TYPED NAME OF SIGNATOR

MAILING ADDRESS FOR CHECKS:

PAYABLE TO	DEPARTMENT
INSTITUTION	CONTACT PERSON
STREET ADDRESS	
CITY	STATE/PROVINCE AND ZIP
TELEPHONE	FAX
EMAIL	FEDERAL TAX ID NUMBER

2018

**PhD Trainee and
Postdoctoral
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Please fill out the fields below, print and add signatures and then scan to submit with your electronic application.