

2023 Doctoral and Postdoctoral Research Fellowships in Myotonic Dystrophy

Cover Page

Please fill out all of the fields, add signatures, and then submit with your electronic application.

Project Title: _____

Full Title of Project: _____

Name of Applicant: _____

Degree: _____

Institution: _____

Institution Address: _____

Email: _____

Phone Number: _____

The undersigned agrees to (1) pursue the scientific investigation described in the Research Plan, (2) acknowledge support from the MDF in any publication resulting from an award, and (3) comply with all of the MDF's eligibility requirements set forth in the RFA titled "Doctoral and Postdoctoral Research Fellowships in Myotonic Dystrophy." Failure to comply with these requirements shall be considered a material breach of this application.

Applicant Signature

Date

Primary Mentor: _____

Degree: _____

Institution: _____

Institution Address: _____

Email: _____

Phone Number: _____

The undersigned 1) agrees to supervise the scientific investigation described in the Research Plan and 2) certifies to the best of their knowledge that the statements contained within the application are complete and accurate. Failure to comply with these requirements shall be considered a material breach of this application.

Mentor Signature

Date

Institution Representative: _____

Department: _____

Email: _____

Phone Number: _____

Contact for Wire Transfers: _____

Email: _____

Phone Number: _____

Federal Tax ID Number: _____

Representative Signature

Date

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