



**Section 1 – Administrative Information**

**PROJECT TITLE**

**FULL TITLE OF RESEARCH PROPOSAL**

**ABBREVIATED TITLE OF RESEARCH PROPOSAL**

**PRINCIPAL INVESTIGATOR**

<b>NAME</b>	<b>TITLE &amp; POSITION</b>
<b>DEGREES</b>	<b>DEPARTMENT</b>
<b>INSTITUTION</b>	
<b>STREET ADDRESS</b>	
<b>CITY</b>	<b>STATE/PROVINCE</b>
<b>COUNTRY</b>	<b>ZIP CODE</b>
<b>PHONE</b>	<b>FAX</b>
<b>EMAIL</b>	

**TOTAL AMOUNT REQUESTED (UP TO \$55,000 FOR DOCTORAL FELLOWS OR UP TO \$105,000 FOR POSTDOCTORAL FELLOWS)**

**CERTIFICATION AND ACCEPTANCE**

The undersigned agrees to (1) pursue the scientific investigation described in the Research Plan, (2) acknowledge support from Myotonic in any publication resulting from an award, and (3) comply with all of Myotonic’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. Copies of reprints or manuscripts supported by this grant shall be made available to Myotonic.

(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 AUTHORIZING OFFICIAL FOR SUBMITTING PI’S ORGANIZATION)

TYPED NAME OF SIGNATOR

**MAILING ADDRESS FOR WIRE TRANSFERS:**

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



**Myotonic** My Cause. My Cure.

**20 1**

**Doctoral and Postdoctoral Research Fellowships in Myotonic Dystrophy**

**Cover Page**

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