



MYOTONIC  
DYSTROPHY  
FOUNDATION

Care and a Cure

20

PhD Trainee 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.

**Section 1 – Administrative Information:**

**PROJECT TITLE**

**FULL TITLE OF RESEARCH PROPOSAL**

**ABBREVIATED TITLE OF RESEARCH PROPOSAL**

**PRINCIPAL INVESTIGATOR**

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

**TOTAL AMOUNT REQUESTED (UP TO \$55,000 FOR PhD TRAINEES 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 the Myotonic Dystrophy Foundation in any publication resulting from an award, and (3) comply with all of MDF'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 MDF.

\_\_\_\_\_  
(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:**

<b>PAYABLE TO</b>	<b>DEPARTMENT</b>
<b>INSTITUTION</b>	<b>CONTACT PERSON</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>