

2022 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."