

requests

Dashboard  
Apply

Application Page

Current Process: PDF Summer Student Fellowship

\* = Required Field



Question List

Contact Information

Test University Test Applicant  
3500 Test Street  
Mailstop: MSB-442  
Test city, NY 10001  
555-555-1212  
Test.applicant@u.edu

[Edit Contact](#)

Project Title\*

Please provide a descriptive title for your Summer research.

Project Summary\*

Please provide a brief summary of your project in the box below. You are limited to 1100 total characters including spaces, punctuation, and carriage returns. Special formatting, such as Greek characters, will not be preserved when cutting and pasting from an editor like Microsoft Word. Please carefully review for any formatting changes before submitting.

[1000 characters left of 1000]

Program Area\*

What area best describes your application?

- Clinical
- Translational
- Basic Science
- Other

Geographic Area\*

Where is the institution for your proposed summer research located?

Funding Type\*

What type of funding are you seeking?

Institution Name\*

Please enter the institution's name where you plan to conduct your proposed summer research.

Institution Details

Please enter the following information regarding the institution for your proposed Summer Fellowship, which maybe different from your current institution. Often, this is your mentor's office mailing address.

Department/Division\*

Address 1\*

**Address 2**

**Address 3**

**City\***

**State or Province\***

For institutions outside of the USA and Canada, please select "International."

**Country\***

**Postal or Zip Code\***

Enter 00000 if there is no postal code.

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**Applicant Information**

**Please indicate the degree towards which you are now working:\***

For international applicants, please choose the option that is most similar to the one offered at your institution.

- B.A., B.S.
- M.S.
- Ph.D.
- M.D.
- M.D. & Ph.D.

**Please enter your anticipated graduation date.\***

A popup calendar will appear; however, it may be easier to simply enter the date in MM/DD/YYYY format.

**Statement of Interest\***

Why do you want to engage in Parkinson's research? Please describe your interest and qualifications for your proposed summer research. Please also indicate any relevance to your future career. You are limited to 3500 characters, including spaces and carriage returns, about one page.

[3500 characters left of 3500]

**Academic Transcript\***

Please upload a copy of your academic transcript, an unofficial copy is acceptable.

no file selected [3 MB(s) allowed]

[File Upload Status: No file uploaded.]

**File Uploads:** File uploads may be of most any file type. It is recommended that you use common file formats like Adobe Acrobat (.pdf), Microsoft Office (.docx | .xlsx | .pptx), or image file formats (.tiff | .jpeg). Note you cannot delete a file once it is uploaded; uploaded files can only be replaced. If you need a replacement file, you may download it [here](#) from the PDF website.

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**Permanent Address\***

This address is where the final Fellowship payment will be sent and where PDF may contact the awardees after their Summer Fellowship.

- Same as the one in my profile.
- Please use the following as my Permanent Address:

**Address 1:**

**Address 2:**

**Address 3:****City****State or Province**

For applicants outside of the USA and Canada, please select "International."

**Country****Postal or Zip Code**

Enter 00000 if there is no postal code.

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**Summer Mentor Information**

Please enter information regarding the mentor who will be overseeing the proposed Summer research.

**First Name\*****Last name\*****Academic Title\***

e.g., Professor

**Academic Degree\***

e.g., PhD, MD, etc.

**Email address\*****Phone number\***

Please include area code or country code.

**Mentor's Letter of Support\***

Please indicate how the Letter of Support will be delivered to PDF. The letter should discuss the qualifications of the student, affirm that facilities and materials necessary will be available to support the research, and agree to actively guide and supervise the student's work. The mentor must send the letter separately to PDF. **In all cases, the letter of support must be received by PDF by the application deadline.**

- Regular mail  
 Email ([grants@pdf.org](mailto:grants@pdf.org). Put SUMMER FELLOWSHIP in subject line.)

**Mailing address for Letter of Support:**

Parkinson's Disease Foundation  
Summer Fellowship Letter of Support  
Attn: Valerie Holt, Grants Administrator  
1359 Broadway, Suite 1509, New York, NY 10018

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**Mentor's Mailing Address\***

Fellowship checks will initially be mailed to the **mentor** using this address. Please make sure the information provided is accurate.

- Same as the address listed in the Institution Information section above.  
 Different address. (Please enter details below)

**Department/Division:****Address 1:**

Address 2:

Address 3:

City

State or Province

For mentors outside of the USA and Canada, please select "International."

Country

Postal or ZIP code

Enter 00000 if there is no postal code.

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### Summer Research Proposal

Proposed START date of your summer research\*

Proposed END date of your summer research\*

Summer Research Plan\*

Please provide a plan for the proposed research. It is expected that this plan will be written by the applicant in conjunction with their mentor.

The proposal should be no more than two pages in length, single-spaced with 1" inch margins, and a 12-point Times New Roman font or equivalent.

no file selected [2 MB(s) allowed]

[File Upload Status: No file uploaded.]

**File Uploads:** File uploads may be of most any file type. It is recommended that you use common file formats like Adobe Acrobat (.pdf), Microsoft Office (.docx | .xlsx | .pptx), or image file formats (.tiff | .jpeg). Note you cannot delete a file once it is uploaded; uploaded files can only be replaced. If you need a replacement file, you may download it [here](#) from the PDF website.

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