



**PDF Summer Fellowship for
Investigative Work in Parkinson's Disease
2010 Guidelines & Application Form**

Name _____

Email address _____

HOME ADDRESS	REPLY ADDRESS
Tel	Tel

Please indicate the degree towards which you are now working and expected graduation date:

B.A., B.S.; Ph.D. or M.D. **Expected Graduation Date** _____

School Name _____

School Location (City and State) _____

Summer Research Mentor _____

Mentor's email _____ **Phone** _____

Summer Research Institution _____

Expected Start and End Dates _____

A COMPLETE application will consist of the following five items:

1. This form, completed.
2. Brief, two-page proposal describing the research plan (written by applicant in conjunction with mentor).
3. Copy of the student's academic transcript.
4. Letter by the applicant, describing their qualifications for the research and relevance to their career/research interests.
5. Letter of support, under separate cover (email or regular mail), signed by the research investigator under whom the applicant plans to work, discussing qualifications of the student, affirming that facilities will be available and agreeing to actively guide the student's work.

Note: Incorrect or incomplete applications will be rejected without comment.

Please **email** a copy of the application and letter of support to grants@pdf.org with SUMMER FELLOWSHIP in the subject line. Though not preferred, applications or letters of support may also be mailed to:

Parkinson's Disease Foundation
Attn: Valerie Holt, Grants Administrator
1359 Broadway, Suite 1509, New York, NY 10018.

Applications must be received no later than 5:00 PM ET, Friday, January 15, 2010.