

# The Edward Jekkal Muscular Dystrophy Association Fellowship

TITLE OF RESEARCH TRAINING PROPOSAL

NAME OF APPLICANT (*Last, first, middle initial*)

HIGHEST DEGREE (S)

PRESENT MAILING ADDRESS (*Street, city, state, zip code*)

PERMANENT MAILING ADDRESS (*Street, city, state, zip code*)

OFFICE TELEPHONE NO. (*Area code, no., ext*)

DATES OF PROPOSED AWARD From (MM/DD/YY) Through (MM/DD/YY)

PROPOSED AWARD DURATION (*in months*)

NAME OF SPONSOR (*Last, first, middle initial*)

ADDRESS OF SPONSOR

Telephone  
FAX  
E-mail Address

DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

SIGNATURE (*Required of each applicant*)

DATE



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## **Section II - Sponsor**

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List full name, institution, and department of individuals submitting reference letters

<b>The Edward Jekkal Muscular Dystrophy Association Fellowship Background</b> <i>(To Be Completed by Applicant)</i>	Name of Applicant <i>(Last, first, middle initial)</i>
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Prior and/or Current Support. *List type (individual and/or institutional), level (pre or post), dates, and grant or award numbers.*

Academic and Professional Honors. *Include all scholarships, traineeships, fellowships and development awards. Indicate source of awards (NSF, etc) dates, and grant or award numbers. List current professional societies, if applicable.*

Title(s) of Thesis/Dissertation(s)

<u>Name of Thesis Advisor or Chief of Service</u> <i>(If reference report not included, explain why not.)</i>	<u>Title, Department, and Institution</u>
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Supplement *(List below any plans, if any, developed with the sponsor to supplement the stipend.)*

<p><b>The Edward Jekkal Muscular Dystrophy Association Fellowship Research</b> <i>(To Be Completed by Applicant-follow Instruction Sheet)</i></p>	<p>Name of Applicant <i>(Last, first, middle initial)</i></p>
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Research Experience

- a. Summary
- b. Doctoral Dissertation
- c. Publications (published, accepted, submitted, or in preparation)

Research Training Plan

<p style="text-align: center;"><b>The Edward Jekkal Muscular Dystrophy Association Fellowship</b> <i>To Be Completed by Sponsor</i></p>	<p>Name of Applicant (<i>Last, first, middle initial</i>)</p>
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**Facilities and Commitment Statement (1 page)** (*to be completed by sponsor*)

Describe your commitment to the proposed training and to the applicant. Include any information you believe will be helpful to the Steering Committee. Explicitly address the level of laboratory support to be provided for the project (e.g., equipment, supplies, technical assistance) and your personal involvement in the training. If other training faculty will be involved, explain their role.

<b>The Edward Jekkal Muscular Dystrophy Association Fellowship Checklist</b>	Name of Applicant ( <i>Last, first, middle initial</i> )
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**Fellowship Applicants**

1. Present Institutional Salary  
 Amount          Academic Period/number of months

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2. Stipend/Salary During First Year of Proposed Fellowship

- a. Stipend requested  
 Amount          Number of Months

\_\_\_\_\_

- b. Supplementation from other sources  
 Amount          Number of Months          Source

\_\_\_\_\_

**The Edward Jekkal Muscular Dystrophy  
Association Fellowship (Continuation Page)**

Name of Applicant (*Last, first, middle initial*)