7/2023

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMERICAN PHILOSOPHICAL SOCIETY

104 South Fifth Street

Philadelphia, PA 19106

# DALAND FELLOWSHIPS in CLINICAL INVESTIGATION

Respond to every section, **in the space provided**; if your answer is "none" or "not applicable," type either.

Sign and date the second page of the form. **Enclose** eight (8) passport-sized (1.5 x 1.5 inches) photographs (do not attach to the form) and the nominating letter from the department chairperson. **Do not** staple the forms. Deadline for receipt of all materials, including three (3) letters of support: **October 2**

Collate **eight** sets of . the 2-page form (clipped, *not stapled*)

. full project description, with protocols (your last name in upper left of every page; stapled)

. your curriculum vitae and bibliography (stapled)

. your scientific advisor’s CV and bibliography (condensed version, not to exceed 5 pages; stapled)

**NAME in full, last name capitalized :**

**MAILING ADDRESS :**

**TELEPHONE :**

**E-MAIL :**

**DATE of BIRTH :**

**PLACE of BIRTH :**

**CITIZENSHIP :**

**PRESENT POSITION and INSTITUTION :**

**PROJECT TITLE :**

**SCIENTIFIC ADVISOR with whom you will work if appointed**

**name address telephone / email**

**title**

ABSTRACT of PROJECT (**in the space below; do not continue onto the next page of the form**)

On additional pages, not to exceed five (5) in number, provide a full description of your project, including protocols.

Type your last name in the upper-left corner of all additional pages. Do not staple them to this form.

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

 **institution degree date earned**

**TEACHING and RESEARCH APPOINTMENTS**

 **institution title inclusive dates**

**HOSPITAL APPOINTMENTS**

 **institution title inclusive dates**

**SCHOLARSHIPS and FELLOWSHIPS**

 **title inclusive dates**

**STATES in which you are LICENSED to practice medicine:**

**LANGUAGES in which you can read the relevant scientific literature:**

**Languages you speak:**

**NOMINATOR name and position**

 **institution**

LETTERS: In addition to the nominator and the scientific advisor, another expert must submit a confidential evaluation of your qualifications to the committee (a total of **three (3) letters** in all are to be submitted on your behalf). Supply name and address here. Verify that all materials arrived on time: call 215-440-3429 or write to LMusumeci@amphilsoc.org.

**name address telephone / email**

**OTHER ORGANIZATIONS to which you have applied for funds (with amounts)**

**institution purpose and amount inclusive dates**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7/2023

**Mail to**: Daland Fellowships, American Philosophical Society, 104 South 5th Street, Philadelphia, PA 19106-3387