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| **APPLICANT INFORMATION** | | | | | |
|  |  | | | | |
| **Name:** |  | | | | |
|  | **First** | | | **Middle** | **Last** |
|  |  | | |  |  |
| **Highest Degree(s):** |  | | |  |  |
|  | **For PhD Applicants** | | |  |  |
|  | **Title of Dissertation:** | | |  | |
|  |  | | |  |  |
|  | **Dissertation Advisor** | | |  |  |
|  | Name: | | |  | |
|  | Title: | | |  | |
|  | Department: | | |  | |
|  | Institution: | | |  | |
|  |  | | |  |  |
| **Current Position:** |  | | | | |
|  |  | | |  |  |
| **Preferred E-Mail:** |  | | | | |
|  |  | | |  |  |
| **Preferred Telephone Number:** | | |  | | |
|  | |  | |  |  |
| **MENTOR INFORMATION** | | | | | |
|  |  | | | | |
| **Name:** |  | | | | |
|  | **First** | | | **Middle** | **Last** |
| **Current Position:** |  | | | | |
|  |  | | |  |  |
| **Preferred E-Mail:** |  | | | | |
|  |  | | |  |  |
| **Preferred Telephone Number:** | | |  | | |

**PROJECT INFORMATION**

**Title:**

**Other Faculty Associated with Project**

*List name, degree, and position of each investigator associated with the project and indicate their role, e.g. Collaborating Investigator, Consultant, etc.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Degree(s) | Position | Role on Proposal |
|  |  |  |  |
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**Attestation**

The individuals signing below, if funded, attest that the proposal has been written in the applicant’s own words and that the research proposed will be conducted in compliance with the terms and requirements of the fellowship award.

Applicant’s Signature Date

Mentor’s Signature Date

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Application Deadline: Friday, March 20, 2020 @ 11:59 PM Eastern

Submit to: [cebam@pitt.edu](mailto:cebam@pitt.edu)