

**APPLICATION FORM FA-200
THE GRASS FELLOWSHIP PROGRAM AT MBL**

** item is optional or does not apply to all applicants*

A. COVER PAGE

Full name (Last, First, Middle*) _____

Institution _____

Dept./Program _____

Present position (e.g., Ph.D. student at UCLA) _____

Current research supervisor _____

Education: List all degrees, with the date received or expected.

Date	Degree & field (e.g., B.S., Biology)	Institution

Title of proposed project _____

Research location at MBL (from Section E) _____

Dates (see Section I). I propose to be in residence at Woods Hole from
_____ to _____, 2008.
(mm/dd) (mm/dd)

Prior MBL experience (see Section I). Have you spent time at MBL previously?
yes _____ no _____

Citizenship

What citizenship do you hold? _____

*If applicable, what type of US visa do you hold? _____

*Do you agree to apply for a J-1 visa if required? _____

References (from Section H). List the names and institutions of the three (or four, if working outside the Grass Lab) individuals submitting letters on your behalf.

1. _____
2. _____
3. _____
- *4. _____

*If submitting your application electronically, have you faxed a signed copy of Section K of this application to The Grass Fellowship Program office?
yes _____ no _____

B. CONTACT INFORMATION

Institutional Address		Home Address	
Street		Street	
City		City	
State		State	
Zip/Postal		Zip/Postal	
Country		Country	
Phone		Phone	
Fax		Fax*	
E-mail		E-mail*	

(only 1 e-mail address is required)

Preferred Mailing Address: Institution _____ Home _____
 Preferred E-mail Address: Institution _____ Home _____

C. CURRICULUM VITAE. See Instructions. Please append this to the end of Form FA-2008.

D. RESEARCH PROPOSAL. See Instructions. Please append this to the end of Form FA-2008.

E. RESEARCH LOCATION AND DATES

Check as appropriate:

_____ I will need space in the shared Grass Laboratory.

_____ I have made definite plans to work in the laboratory of _____
 at MBL, who will submit a sponsor letter.

_____ My plans for working space are not yet finalized.

If the period of residence listed on the Cover Page does not coincide with the 2008 program dates (18 May to 23 August), state the reason(s) for the difference(s).

F. BUDGET

1. RESEARCH EXPENSES

a. **Laboratory Equipment.** See Instructions (expand or reduce table as needed).

Item	Manufacturer	Model #	Source (home or Grass Foundation)	If brought from home, cost of round-trip shipping

c. Laboratory Supplies and Miscellaneous Expenses. See Instructions; no details are required for the application.

Do you anticipate requiring supplies that cost significantly more than \$1000 for the summer? (e.g., molecular biology reagents, fluorescent indicators)?
 yes _____ no _____

2. TRAVEL EXPENSES. See Instructions

I estimate the round-trip cost for the following will be (not all categories may apply):

Airfare

_____ Adult(s) at \$ _____
 _____ Children at \$ _____

Subtotal \$ _____

OR

Private vehicle

_____ miles at \$0.20 per mile (current IRS rate)

Subtotal \$ _____

***Taxi fare**

Description: _____
 Description: _____

Subtotal \$ _____

***Bus/train fare**

Description: _____
 Description: _____

Subtotal \$ _____

***Estimated Expense for Lodging for Meals en Route**

_____ days at \$ _____ per day

Subtotal \$ _____

***Any other travel-related expenses (explain)**

Subtotal \$ _____

TOTAL ESTIMATED ROUND-TRIP TRAVEL EXPENSES:

TOTAL: \$ _____

3. LIVING ARRANGEMENTS. See Instructions.

a. Housing

Family. Check as appropriate.

_____ I will not be accompanied by any family members
 _____ My spouse/domestic partner will accompany me.
 _____ My children will come with me (list by age below).

Information on accompanying family member(s)

Name	Relationship to Applicant	Age (children only)

Housing Plans. *Mark the appropriate response.*

_____ I/We plan to live in MBL housing.

_____ I/We plan to arrange our own housing and accept all financial responsibility, including any cost differential from the equivalent MBL housing.

b. Food

See Instructions; no details are required in the application form.

G. INSURANCE WAIVER. *See Instructions.*

If selected as a Grass Fellow, the applicant's signature in Section K indicates that she/he understands that The Grass Foundation does not pay health or accident insurance, that it is the Fellow's responsibility to obtain such insurance through the home institution or other policy, and that the Fellow waives any claims against The Grass Foundation for illness, accident or injury during the Fellowship tenure.

H. LETTERS OF RECOMMENDATION. *See Instructions.*

Please provide below contact information for the three (or four; see Section E) individuals who will submit letters of recommendation on your behalf.

Name	Institutional Address	Phone/Fax	e-mail
1.			
2.			
3.			
*4.			

I. ADDITIONAL INFORMATION. *See Instructions.*

Do you have other sources of financial support (e.g., grants) that are available to help finance your fellowship research? yes _____ no _____

*If yes, please explain.

*If you have spent time at MBL previously, please explain.

How did you learn about the Grass Fellowship Program? (please check all that apply)

- _____ Advisor
 - _____ MBL course
 - _____ MBL website
 - _____ Former Grass Fellow
 - _____ The Grass Foundation website
 - _____ The Grass Fellowship poster
 - _____ The Grass Foundation flyer
 - _____ Scientific Meeting
 - _____ Advertisement
 - _____ Listserv
 - _____ Trustee of The Grass Foundation
 - _____ Other: _____
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J. DEADLINE & SUBMISSION PROCEDURE. *See Instructions. THE CLOSING DATE FOR RECEIPT OF APPLICATIONS AND LETTERS IS 10 DECEMBER 2007, AT MIDNIGHT EASTERN STANDARD TIME (GMT -05:00)*

K. ACCEPTANCE OF CONDITIONS. *See Instructions; applicants who submit their application electronically must sign and fax Section K to the program office.*

My signature below confirms that I have read and accept all conditions and policies listed in the Grass Fellowship Program Overview, the Grass Fellowship Program Application Instructions and in Form FA-2008 (Application for the Grass Fellowship Program).

Signature

Date

Print Name