



SUNY
DOWNSTATE
Health Sciences University

Robert F. Furchgott Award Application

Name: Degree: Year Completed/Expected:

Email Phone Number

Advisor's Name Advisor's Email

Advisor's Phone Number

University and Department where Research was Performed:

Title of Research

Did the research result in publications? Yes No

I am applying for (Check One)

Medical Student Award

The Robert F. Furchgott Research Scholar

Print this form to include with your application