



**Summer Fellowship for Investigative Work in Parkinson's Disease
2009 Guidelines & Application Form**

NAME _____

EMAIL ADDRESS _____

HOME ADDRESS	REPLY ADDRESS
Tel:	Tel:

CURRENT ACADEMIC DEGREE _____ YEAR RECEIVED _____

RESEARCH INSTITUTION _____

Please state the degree towards which you are now working and expected graduation date:

BA, BS, or MD _____ High School _____

SCHOOL NAME _____ OTHER _____

School Location: (City and State) _____

A COMPLETE application will consist of the following three items:

1. This form, completed.
2. A letter of support signed by the research investigator under whom the applicant plans to work, stating that facilities will be available to the student and agreeing to guide the student's work.
3. A letter signed by the applicant, giving a complete description of the work to be undertaken, the name of the school, and the date the work is to commence. Two pages, maximum.

Note: Incorrect or incomplete applications will be rejected without comment.

Please email a copy of the application to grants@pdf.org with SUMMER FELLOWSHIP in the subject line. Alternatively, applications may also be mailed to:

Valerie Holt, Grants Administrator, 1359 Broadway, Suite 1509, New York, NY 10018.

Applications must be received by March 30, 2009.