

**JOSEPH A. PATRICK RESEARCH FELLOWSHIP IN TRANSPLANTATION
AT THE UNIVERSITY OF PITTSBURGH**

2023 APPLICATION

APPLICANT INFORMATION

Name: _____
First
Middle
Last

Citizenship: _____ **Visa Status:** _____

Highest Degree(s): _____

For PhD Applicants

Title of Dissertation: _____

Dissertation Advisor

Name: _____

Title: _____

Department: _____

Institution: _____

Current Position: _____

Preferred E-Mail: _____

Preferred Telephone Number: _____

Present Mailing Address

Street: _____

City: _____

ZIP: _____

Country: _____

Permanent Mailing Address

Street: _____

City: _____

ZIP: _____

Country: _____

MENTOR INFORMATION

Name: _____
First
Middle
Last

Current Position: _____

Preferred E-Mail: _____

Preferred Telephone Number: _____

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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

Institutional Assurances Required for Research Project

Human Subjects ___ Yes (IRB# _____) ___ No

Animals ___ Yes (IACUC#: _____) ___ No

Radioisotopes ___ Yes ___ No

Attestation

The individuals signing below, if funded, attest 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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TABLE OF CONTENTS

	Page Numbers
Face Page (Form provided).....	1
Project Information (Form provided).....	2
Table of Contents (Form provided).....	3
Mentor’s Letter of Support	_____
Applicant’s Biosketch	_____
Applicant’s Research Support	_____
Scientific Summary of Proposed Fellowship Project	_____
Lay Summary of Proposed Fellowship Project	_____
Fellowship Research Proposal	_____
Professional/Personal Reference Page (Form provided).....	_____
Personal Statement of Applicant	_____
Mentor’s Biographical Sketch	_____
Mentor’s Research Support	_____
Mentor’s Previous Trainees	_____

PROFESSIONAL/PERSONAL REFERENCES

Two reference letters are required for the Joseph A. Patrick Research Fellowship in Transplantation. These letters are in addition to the Mentor’s Letter of Support. List on this page the names and addresses of two individuals (preferably previous mentors) who are familiar with your scientific interests and abilities. Ask the indicated referees to send letters (electronic or hard copy) to the location below.

Full Name (First, Middle, Last) _____
Title _____
Institution _____
Department _____
Street Address _____
City _____
State _____
Zip _____
Country _____
Telephone _____
Email _____

Full Name (First, Middle, Last) _____
Title _____
Institution _____
Department _____
Street Address _____
City _____
State _____
Zip _____
Country _____
Telephone _____
Email _____

Send reference letters directly to: Director for Research Administration and Academic Affairs
Thomas E. Starzl Transplantation Institute

Hard copies can be mailed to: E1545 Biomedical Science Tower
200 Lothrop Street
Pittsburgh, PA 15261

Electronic copies can be sent to: stiresearch@upmc.edu