

APPLICATION FORM
ALS COLLABORATIVE POSTDOCTORAL FELLOWSHIP

Checklist for applicants

- Application form
- Résumé with list of publications
- Research plan (up to 2 pages)
- 2-3 letters of recommendation*

Send all materials to

ALS Collaborative Postdoctoral Fellowship
c/o Steve Kevan
SDKevan@lbl.gov

Name (in full) _____
First Middle Last

Address _____

Telephone () _____ Email _____

Are you a U.S. citizen or resident alien, or do you have authorization to study and work in the U.S.? Y N

Collaborating institution _____ Collaborating PI _____

\$ _____
Funding from collaborating institution Time period funding is available

ALS staff member(s) with whom you propose to work _____

Please give an informative title or brief abstract of your proposed research.

Area or discipline of the proposed research _____

How did you learn about the fellowship?
_____ ALS staff _____ Journal advertisement _____ ALS website
_____ Other _____

Are you applying for other grants or fellowships? Y N

If "yes," please specify _____

By typing my name below, I hereby certify that the information in this application is complete and accurate. I understand that misrepresentation of any portion of this application may be cause to cancel the appointment.

Applicant's Name _____ Date _____

*Letters from the PhD advisor, ALS staff member, and (optional) third party should be sent directly by the writers to SDKevan@lbl.gov.