Summer Scholar Application

Name:

Date:

DOB:

Gender: M/F

Citizen: N/Y (We are only taking US citizens at this time)

Contact information cell/email:

Current Student: N/Y

Current employer if applicable:

Contact information of employer or academic institution:

Current Academic institution:

- Letter of recommendation is required from someone familiar with your work
- Letter of good standing required

Summer Scholar Application

Research type: Translational/Basic/Clinical

Principal investigator you intend to work under:

Contact information of PI:

Specific project: Please describe fully including amount of hours you plan to spend – attached document is encouraged:

Budget justification: Include amount requested and how it will be used (up to 6500 US is acceptable)

Summer Scholar Application

Please Attach CV

Applicants will be notified via e-mail when their application is received and reviewed.

Please scan and e-mail application to Isaac@saveabrain.org or Sam@saveabrain.org

Additionally application can be mailed to:

Save a Brain Foundation

8590 West Olympic Blvd. PMB 643

Beverly Hills, CA 90211

Signature required on bottom of this page:

I verify that I am the applicant stated above and that all information contained in this application is accurate to the best of my knowledge. I understand that if the information is not accurate, my application will be terminated and host institution will be notified.

I understand that should I be accepted, any/all posters publications etc I produce secondary to being a summer scholar will acknowledge the Save A Brain Foundation.

_____ Print Name _____ Date

_____ Signature