

DEPARTMENT OF OPHTHALMOLOGY & VISUAL SCIENCES
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE
KENTUCKY LIONS EYE CENTER
LOUISVILLE, KENTUCKY

Date _____

Application for a Research Fellowship

Start date _____, 20____

End date _____, 20____

Research area _____

1. Name _____
(Last) (First) (Middle)

2. Present Office Address: _____

Area Code and Phone Number _____

3. Present Home Address: _____

Area Code and Phone Number _____

4. Permanent Address:
(if different from above) _____

Area Code and Phone Number _____

5. Date and Place of Birth: _____

Citizenship _____ Social Security # _____

Visa _____

6. Marital Status _____ Name of Spouse _____

Occupation of Spouse _____

Names and Birthdates of Children _____

(Continued over...)

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE

7. **Education:** Include name and location of college(s), postgraduate and medical school(s) attended; provide dates of attendance, degree(s) conferred, and declared major(s).

8. **Postgraduate Training:** Ending with your present position, list your postgraduate medical/scientific training and experience, research experience, and teaching experience; supply the dates of each.

9. **Academic Awards or Honors:** _____

10. On a separate page, please submit a "Personal Statement," describing your achievements as well as personal and professional goals. Also, please note what you hope to gain from your fellowship training.

11. Please attach a copy of your **curriculum vitae**, including a list of papers published, "in press," or "in preparation" with you as author or coauthor.

12. Please attach a current snapshot of yourself to this application.

13. Please supply at least three(3) letters of recommendation, which should be sent directly to:

Ms. Debby McCurdy
Department of Ophthalmology and Visual Sciences
University of Louisville
301 E. Muhammad Ali Blvd.
Louisville, KY 40202 USA

14. **Graduates of Medical Programs Outside the USA:** Please supply documentation of having successfully passed the ECFMG and FLEX examinations.

15. **Fellowship Funding:**

a. Do you have a stipend? Yes No If yes, specify: _____

b. Have you applied for support? Yes No If yes, specify: _____
