

APPLICATION FOR FELLOWS' EDUCATIONAL TRAVEL GRANT

THIS APPLICATION MUST BE SUBMITTED BY YOUR PROGRAM DIRECTOR ALONG WITH A LETTER OF SUPPORT TO:

**National Kidney Foundation, Attn: Professional Membership Director
30 East 33rd Street, New York, NY 10016**

All applications must be received by February 1, 2006.

Up to three applications per program may be considered. Award letters will be mailed in late February.

Please complete the entire form below in CLEAR PRINT.

Name: _____

Please check all that apply: Renal Fellow Clinical Research Year in Training:

Home address: _____

E-mail address: _____ Telephone: _____

Date of birth: _____ Tax I.D. or social security number: _____

Medical school attended: _____ Date of graduation: _____

Postgraduate training: _____

Name and complete address of current institutional affiliation:

Name and address of Training Program Director:

Any grant received should be made payable to: Institution Individual
If payable to institution, please indicate federal identification number: _____

I am / I am not submitting an abstract for the Poster Sessions.

I hereby apply for an Educational Travel Grant to attend the National Kidney Foundation 2006 Spring Clinical Meetings in Chicago, IL from April 19 – April 23, 2006. If I am selected to receive a grant, I understand that I am expected to attend the entire meeting from April 19th to April 23rd.

Signature of Grant Applicant/Date

Signature of Program Director/Date

