

# TRAVEL SCHOLARSHIP APPLICATION FORM

OBSSR 10TH ANNIVERSARY CELEBRATION • JUNE 21-22, 2006 • NIH CAMPUS • BETHESDA, MD

PLEASE TYPE OR PRINT CLEARLY THE INFORMATION REQUESTED BELOW.

Name

Professional Title

Department/Division

University or Institution

Academic/Prof Degree(s)

Year(s) Obtained

Address

City

State/Province

Postal Code/Country

Telephone/Fax

E-mail

**Mailing Address** (If different from above; where you can be reached between now and the beginning of the Celebration.)

Address

City

State/Province

Postal Code/Country

Telephone/Fax

E-mail

**Supporting Materials** Please provide:

1. A signed letter of support from your Dean, Department Chair, or fellowship coordinator, confirming the date you completed your degree program.
2. A Personal Statement describing your research and career interests and how attendance at the anniversary celebration will benefit you (maximum 2 pages).
3. Your current curriculum vitae.

If you require reasonable accommodations because of a disability in order to participate in this activity, please include this information with your application or inform Karma Topden (ktopden@thehillgroup.com) at least 60 business days before the meeting begins. *A request for reasonable accommodation to a disability will not influence the selection process.*

**Applications must be received by April 1, 2006. You will be notified of your acceptance on or before May 15th, 2006. Mail five (5) complete sets of this application and the supporting materials to:**

OBSSR 10th Anniversary Travel Scholarship Committee  
c/o Dr. Patricia Mabry  
Office of Behavioral and Social Sciences Research  
National Institutes of Health  
31 Center Drive, Building 31, Room B2B37, MSC 2027  
Bethesda, MD 20892-2027

**Fax and electronic copies of the application and supporting materials will NOT be accepted.**

\_\_\_ 5 copies of my application form are included.

\_\_\_ 5 copies of my **support letter** are enclosed.

\_\_\_ 5 copies of my **personal statement** (maximum 2 pages) indicating the basis of interest in the 10th Anniversary Celebration.

\_\_\_ 5 copies of my **curriculum vitae** are attached.

I understand that the 10th Anniversary Celebration can accommodate only a limited number of applicants and that an applicant who fails to attend after acceptance denies another worthy applicant the opportunity to participate. Therefore, I assure the National Institutes of Health that, if accepted, I will participate in the full program of the 10th Anniversary Celebration. I am a U.S. citizen or a non-citizen with permanent resident status.

Signature

Date