

KL2 – MCTRS PROGRAM APPLICATION COVER PAGE

Applicant's Full Name and Degree(s): _____

Current Title: _____

University: Emory ___ Morehouse School of Medicine ___ Georgia Tech ___

School, Department, Division (if applicable): _____

Mailing Address: _____

Office Telephone: _____ PIC or Pager: _____ Fax: _____

E-Mail Address: _____

Gender: _____ Female _____ Male

Race:

_____ American Indian/Alaska Native

_____ Asian

_____ Native Hawaiian/Other Pacific Islander

_____ Black

_____ White

_____ More than one Race

Ethnicity: _____ Hispanic

Project Title:

Total Funding Requested in Year One: \$ _____

Lead Mentor (name, degree, department, division, school, university):

Co-Mentor if applicable (name, degree, department, division, school, university):

Advisory Committee Member (name, degree, department, division, school, university):

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Advisory Committee Member (name, degree, department, division, school, university):

Advisory Committee Member (name, degree, department, division, school, university):

Signatures:

Full Name (typed or printed)

Signature

Candidate

Lead Mentor

Co-Mentor

Department
Chair

Division
Director
