



**LEDUCQ YOUNG INVESTIGATORS PROGRAM**  
**APPLICATION FORM**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL : \_\_\_\_\_

CURRENT POSITION TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

LIST OF DEGREES OBTAINED BY YEAR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEARS OF LABORATORY EXPERIENCE SINCE LAST DEGREE: \_\_\_\_\_

SPONSORING LEDUCQ NETWORK: \_\_\_\_\_

(indicate name of network, coordinators, proposed research location, and name of advisor)

\_\_\_\_\_  
\_\_\_\_\_

TITLE OF PROJECT: \_\_\_\_\_

PLEASE INDICATE HOW YOU HEARD OF LEDUCQ FELLOWSHIP PROGRAM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

(I certify to the best of my knowledge that the statements herein are true, complete and accurate. In the event that I am awarded a Fellowship as a result of this application, I agree to abide by the conditions and terms of the Young Investigator program)

\_\_\_\_\_  
SIGNATURE OF AMERICAN COORDINATOR

\_\_\_\_\_  
SIGNATURE OF EUROPEAN COORDINATOR

\_\_\_\_\_  
SIGNATURE OF LEDUCQ NETWORK ADVISOR  
(if not network coordinator)