

**APPLICATION FOR FELLOW FUNDING FROM
FELLOWSHIP CONTINGENCY FUND**

Department and Program: _____

Program Director: _____

Contact name and telephone number: _____

Funding Agency: _____

Name of Grant: _____

Existing _____ Proposed _____ Time Period of Grant _____

Number of Fellows funded _____ Contingency funding amount requested: _____

If Existing:

1. List each fellow currently funded on this training grant and stipend amount:

2. List fellows who have completed training within the last five years and their current position:

Description of Fellows Training Program

Please attach a copy of the training grant to this proposal and return to: James O. Woolliscroft, M.D., Associate Dean and Director, Graduate Medical Education, 3107 Med Sci 1, Box 0610. If questions, please call 764-3186.

Revised 12/14/98