

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____ Phone: _____

University: _____ Degree / Graduation Date : _____

Are you a citizen of the United States? YES NO
☐ ☐

Preferred APT Center Investigators

*Please list two APT Center Investigators in order of preference (#1 is most preferred) from the following:
 Dr. Hamid Charkhkar, Dr. Janet Gbur, Dr. Allison Hess-Dunning, Dr. Steve Majerus, Dr. Andrew Shoffstall*

1) Investigator: _____

2) Investigator: _____

Please list two additional APT Center Investigators in order of preference (#1 is most preferred) from the full list of investigators.

1) Investigator: _____

2) Investigator: _____

*** For the full list of Investigators, go to <http://www.aptcenr.research.va.gov/> and click on "People / Investigators".

Letters of Recommendation

Please provide contact information for the two individuals who will provide letters of recommendation.

1) Name: _____

Title: _____ Organization: _____

Email: _____ Phone: _____

2) Name: _____

Title: _____ Organization: _____

Email: _____ Phone: _____

*** Individuals providing recommendations on your behalf should directly email sip@aptcenr.org.

Please answer the following questions within the space provided.

1. What are your career goals?

2. What are your technical and research interests?

3. What do you want to learn from your participation in the APT-SIP?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____