

## LUDWIG FELLOWSHIP APPLICATION FORM 1: APPLICANT GENERAL INFORMATION

Applicant's  
name:

\_\_\_\_\_

*Last (Family)*

\_\_\_\_\_

*First  
(Given)*

\_\_\_\_\_

*Middle Initial*

Degree to be  
obtained:

PhD  MD  MD, PhD  Other: \_\_\_\_\_

Mentor: \_\_\_\_\_

Date expected: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Ludwig  
mentor & Branch  
for Fellowship: \_\_\_\_\_

Research title: \_\_\_\_\_

**APPLICANT:** I certify that the information I have provided in this application is accurate and complete as of this date. If appointed as a Ludwig Fellow as a result of this proposal, I understand that my salary and academic title will conform to the host institution's guidelines.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_