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| Kirschstein−NRSA Individual Fellowship Application(To be completed by applicant – follow PHS 416-1 instructions) | NAME OF APPLICANT *(Last, first, middle initial)*      |
| **SPONSOR and Co-Sponsor Information** |
| 15. NAME OF SPONSOR | 16. NAME OF Co-SPONSOR *(When applicable*) |
| 15a. NAME AND DEGREE(S)      | 16a. NAME AND DEGREE(S)      |
| 15b. ERA COMMONS USER NAME |       | 16b. ERA COMMONS USER NAME |       |
| 15c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT      | 16c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT      |
| 15d. MAJOR SUBDIVISION      | 16d. MAJOR SUBDIVISION      |
| 15e. Address:      | 16e. Address:      |
| Telephone: |       | Telephone: |       |
| Fax: |       | Fax: |       |
| E-Mail: |       | E-Mail: |       |
| **RESEARCH PROPOSAL** |
| 17. DESCRIPTION: See instructions. State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the **mission of the agency**). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals. **In addition**, in two or three sentences, describe in plain, lay language the relevance of this research to **public** health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**  |
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 the application. Do not use suffixes such as 2a, 2b.