

Application Form- Only typed applications will be accepted

**WHF-Urgo Foundation Young Researcher Chronic Infection Visiting Fellowship**

**Applicant Name:** \_\_\_\_\_ **Current Position** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**WHS Member Name:** \_\_\_\_\_ **Membership Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Social Media:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Undergraduate Education**

**Institution(s) Degree Date Received:** \_\_\_\_\_

**Medical or Graduate Education**

**Institution(s) Degree Date Received:** \_\_\_\_\_

**Other Graduate Education:**

**Institution(s) Degree Date Received:** \_\_\_\_\_

**Residency or Postdoctoral Training:**

**Institution(s) Degree Date Received:** \_\_\_\_\_

**Previous Research Experience (include institution, project, sponsor, and inclusive years), Special Honors or Awards:**

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

**References (Name and contact information)**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Proposed Research Institute to Visit:** \_\_\_\_\_

**Research Area of Interest** \_\_\_\_\_

**Have you spoken to anyone at the proposed visit site? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, Name and contact information :** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Department Chair Information: (See Criteria)**

**Name:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Sponsor Information (See Criteria)**

**Name:** \_\_\_\_\_

**WHS Member?** \_\_\_\_\_ **Membership Number:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Sponsor's or Departmental Chair's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By signing below I certify that the information provided is accurate, that I agree to be bound by the terms and conditions of the visiting Fellowship award if selected, and that I am in compliance with the Sponsor's Conflict of Interest Disclosure policies and procedures:**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_