Application for Dr. Allen and Charlotte Ginsburg Fellowship Training Program in Genomic Medicine

TITLE OF RESEARCH PRO	OJECT:			
APPLICANT INFORMA	TION:			
ast First		MI	Date of Birth	
Permanent Address				
Telephone:		email:		
PROPOSED MENTOR		email:		
EDUCATION	Institution/Location		Date (Mo/Yr)	Degree
Undergraduate				
Graduate/Medical School				
Fellowships/				
Post-Doctoral Training				
 (a) Application Form (*) (b) Demographic Form (c) 2-page research plant (d) 1-page career devolution (e) 3 letters of recommendation division chief or commendation 	n an elopment plan nmendation (one from mer department chair). Letter o cure department/division su	ntor, one from resid	ency/fellowship dir	
	<u>r:</u> Please attach a) NIH-style ginning and end dates and a	•		ge. Include all sources of
	oplication as a single .pdf a ne deadline will not be consid	-	r above to precision	health@mednet.ucla.edu
Applicant Signature			Date	
Mentor Signature			Date	