

Fellowship Application

Revised June 2022



SECTION 1: **APPLICANT INFORMATION**

Please note: Incomplete or illegible applications will be returned. Clearly print or type all information.

First Name: _____

Last Name(s): _____

HSPA ID#: _____

Personal Information

Home Address: _____ Apt/Floor/Unit: _____

City, State/Province, Zip/Postal Code: _____

Country (if outside the USA): _____

Home Telephone: _____ Personal Email: _____

Employment Information (if available)

Current Facility/Affiliation: _____

Current Position Title: _____

Number of Years in CS/SP: _____

Facility Address: _____

Facility City and State/Province: _____

Country (if outside the USA): _____

Business Telephone: _____ Business Email: _____

SECTION 2: **PROPOSED RESEARCH PAPER TOPIC**

Proposed Research Paper Title: _____

Please attach a detailed outline of your topic.

SECTION 3: **SUBMISSION CRITERIA**

Please submit the following to HSPA headquarters to be considered by the Fellowship Committee:

- 1) Fellowship application;
- 2) Curriculum Vitae;
- 3) Two letters of recommendation; and
- 4) Research paper topic and detailed outline (see Section Two).

Application Received: _____ Mentor Assigned: _____

Date Application Sent to Committee: _____ Date Fellowship Accepted: _____