



Rodney W. Nichols

Science and Technology Innovation Fellowship

Fellowship Application

Only applications completed in English will be considered. Please provide clear, typed answers to all questions.

APPLICATION CHECKLIST

Before returning your application, please make sure that you have completed and attached the following:

- Completed application form
- Scanned, color copy of current passport
- Curriculum vitae (CV) or resume
- Letter of support from your current supervisor and one other academic reference
- Completed and signed letter of commitment from host institution (If applicable)

I. General Information

CONTACT INFORMATION (as it appears on your passport):

Title	First Name	Middle Name	Last Name

Home Address	City	State	Zip

Telephone Number	
Secondary Telephone Number	
Primary Email Address	
Secondary Email Address	
Date of Birth	
Citizenship(s)	

PASSPORT AND TRAVEL INFORMATION

Do you have a valid passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport Number	
Passport Expiration Date	

LANGAUGE SKILLS

Please rate yourself as having (1) elementary proficiency; (2) limited working proficiency; (3) professional working proficiency; (4) full professional proficiency; or (5) native or bilingual proficiency.

Language	Reading	Writing	Speaking	Comprehension

II. Education

List all university education beginning with most recent. Please add additional lines as needed.

Institute or University	Major Field of Study	Degree	Date Received

III. Short Answer Questions

RESEARCH BACKGROUND

Please describe your research background as it pertains to your proposed fellowship activity. List any former or current projects that relate to your fellowship goals.

RESEARCH TECHNIQUES

Please describe specific techniques, equipment, and/or software that you use daily. Please highlight specific equipment brands and/or models when appropriate.

FELLOWSHIP GOALS

List your top three (3) technical and/or professional goals for this fellowship program. Please include training priorities for the first weeks of the fellowship that are a priority for your host institution.

MENTORSHIP EXPECTATIONS

What do you expect from your fellowship mentor, and what do you expect to contribute to your mentor's laboratory group?

INTERNATIONAL COLLABORATION

Why is international collaboration important to your career? How will you continue collaborating with international contacts upon your return to your home country? Please include information on any current or prior international collaborations in which you have been involved.

PAST FUNDING OPPORTUNITIES

Have you participated in a fellowship program in the past? If yes, please provide program details and travel dates.

IDENTIFIED PARTNER/HOST INSTITUTION

If applicable, please indicate the individual and institution with which you will be collaborating with. Please include full name, institution name, and associated email address.

IV. PROFESSIONAL REFERENCES

Please list your current supervisor and one other professional or educational references who will provide letters of support with your application package.

Name	Organization	Title	Email address	Telephone number	Relationship

V. STATEMENT OF WORK

This section is the primary content on which your application will be evaluated.

Please use the section below to outline your proposed area of study for the fellowship. The fellowship will be conducted in collaboration with a mentor from an international host institution. If you are applying with a host partner selected, jointly develop a statement of work to outline their collaboration on the proposed area of study.

*Should not exceed five (5) pages. Text should be Arial font size 10 within 1-inch margins

PROJECT ABSTRACT

In one concise paragraph, summarize all relevant aspects of the project, with special attention to its goals and objectives, methods, and anticipated results.

PROGRAM GOALS

Please indicate the fellowship program goals and objectives you would like to accomplish. Emphasis should be placed on training and collaboration with the host institution.

PROCUREMENT NEEDS

Please include a list of equipment, materials, and/or software that are necessary for you to complete the proposed plan. Please include the shipping of any materials/samples in this section as well.

ADDITIONAL INFORMATION

Please use this section to include any additional information you would like to share that was not captured above.

PROJECTED TIMETABLE

Please complete a projected timetable for your plan. Indicate expected tasks and milestones. Include more rows as necessary.

Task or Milestone	Approximate Date

VI. CERTIFICATION

I testify that the information submitted in this application is complete and accurate. I understand that providing false information on this application may disqualify me from participation in the Rod Nichols Fellowship Program. If selected, I agree to comply with all Rod Nichols Fellowship rules and all local and national laws of my host country. Rod Nichols Fellowship rules include but are not limited to housing agreements, fellowship agreement form, banking and stipend agreements, and regulations of the host institution.

The selected fellow will receive the following support from CRDF Global and the Rod Nichols Fellowship:

1. Round-trip airfare from the U.S. to international host institute for up to one (1) month of travel over one or multiple trips
2. Lodging while in host country (at the current USG rate)
3. Meals and incidental expenses while in host country (at the current USG rate)
4. \$7,500 stipend for expenses, including ground transportation
5. Emergency medical insurance during the Fellowship
6. \$5,000 Supplemental research support to the fellow's host institution abroad

By participating in the Rod Nichols Fellowship Program:

I understand and acknowledge that the fellowship support is limited to the financial transactions itemized above and is contingent upon my successful participation in the Rod Nichols Fellowship. I understand that if I do not complete the Fellowship, I will be required to return a prorated stipend amount to CRDF Global and may be required to reimburse CRDF Global for any additional travel expenses incurred because of my early departure.

I understand and acknowledge that CRDF Global will obtain emergency medical insurance on my behalf and will make payment directly to the provider. However, this insurance is to be utilized only for emergency situations and not for routine medical care or treatment, including for any pre-existing medical or dental condition. I further understand that I may be required to pay all deductibles and other health-related expenses not covered by the insurance.

Electronic signature:

Date: