



Research Fellowship Program Application Cover Sheet

Investigator Name: _____

Affiliation: _____

Mailing Address: _____

Phone: _____

Fax: _____

Email: _____

Project Title: _____

Amount of Funds Requested: _____

Status as Student (if applicable): _____

**Proposed Dates and Duration
(Be as specific as possible):** _____

If proposal is funded, to whom should the check be made out, if other than investigator? _____

Please send completed package to:

The Gateway Research Learning Center Fellowship Program, 1 Floyd Bennett Field, Building 69, Brooklyn, NY 11234

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