



**ASN PREDOCTORAL FELLOWSHIP APPLICATION**  
**\$5000 Predoctoral Fellowship**

*The Gerber Foundation, Kraft Foods, Inc., Cargill, Mars, Inc., McNeil Nutritionals, Wyeth Consumer Healthcare, Wrigley Research Institute, Cadbury Schweppes*

**STUDENT:**

***THIS FORM MAY BE COPIED***

1. Name:

2. Address:

Home:

3. Telephone# \_\_\_\_\_ Social Security # \_\_\_\_\_ email: \_\_\_\_\_

4. Instructions: Prepare (1) a summary of your research proposal not to exceed **four** single-spaced typewritten pages including objective, experimental approach and selected references; (2) a statement [*placed in front of the proposal*], written for a nonscientific audience, explaining the contribution of the proposed research to knowledge in nutrition. This statement should not exceed one page. The proposal title should appear at the top of each page. Neither your name nor the name of your institution should appear on the summary or on the statement of explanation. The Review Committee will evaluate significance, feasibility, communication and clarity, as well as overall scientific and technical quality.

**5. Title of Proposal:**

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

**6. Certification:** Date current graduate work began

\_\_\_\_\_

Degree and year expected \_\_\_\_\_ (e.g. Ph.D., Nutrition, 2010)

I certify that I am an ASN member and that above information is correct and the attached research proposal is my original work. I could accept support for \_\_\_\_\_ spring 2010 \_\_\_\_\_ fall 2010 (check one or both).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send the completed application and five copies of your proposal to the American Society for Nutrition, 9650 Rockville Pike, Bethesda, MD 20814-3990, to arrive no later that **December 1, 2009**.

**ADVISOR:**

Advisor's Name (please print or type) \_\_\_\_\_

Studies substantially similar to those described in the attached proposal may be carried out by this student while fulfilling the degree requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROGRAM DIRECTOR:**

Director's Name (please print or type) \_\_\_\_\_

The above ASN student member is in a program registered with the ASN Directory of Graduate Programs in Nutritional Sciences.

Signature \_\_\_\_\_ Date \_\_\_\_\_

