

Foulkes Foundation Fellowship -- Application Form 2017-18

(Please submit 6 copies in English AND send as an email attachment: aviva@academy.ac.il)

Family Name		First Name		
Date of birth	<input type="text"/>	Marital Status	<input type="text"/>	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Address (home)	<input type="text"/>			
Address (Work)	<input type="text"/>			
Tel. No. Home	<input type="text"/>	Tel. No. Work	<input type="text"/>	Cell No. <input type="text"/>
Fax	<input type="text"/>	E-mail	<input type="text"/>	

University	Year	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional experience (employment, research, etc.)	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Publications:	
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>

Name of Medical School	
Ph.D. Program at:	
Title of Ph.D. Thesis:	
Supervisor:	

For how many years would you need this Fellowship? (1 – 3 years)

Please attach the following (as outlined in Hebrew guidelines):

- A. Your resume / CV**
- B. Your current research :**
Describe clearly, accurately and in detail (up to 1000 words).
 1. What do you personally aim to achieve within your research group?
 2. Aims for the next 3 years.
 3. Present status and how do you intend to fulfill your research aims in the next year.
 4. Brief summary description of your research in 3-6 sentences
- C. Personal Contribution:** Describe clearly, accurately and in detail your personal contribution to medical science so far (up to 500 words).
- D.** Transcript of final grades of undergraduate degree and most recent transcript of current studies in English.
- E. Two letters of recommendation in English; a third (optional) one may be in Hebrew:**

	Name	Position	Relationship to you
1			
2			
3			

Signature

Date