

## Summer Research Fellowship Application 2024

Please send completed form to the Eating Disorders Clinical and Research Program at MGH with the additional application materials.

### Personal Information

Applicant's Name.....

### Educational Information

**\*Note: Applicants must be enrolled in a degree-granting program during the time of the fellowship**

Undergraduate or Graduate Institution .....

Location (City, State, Country) .....

Phone .....Email .....

Degree expected .....Year .....

Other degrees completed

Institution .....Year .....

Institution .....Year .....

Institution .....Year .....

Title of Research Proposal.....

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### Recommender Information

1. Name.....

Phone .....Email .....

2. Name.....

Phone .....Email .....

### Applicant's Permanent Contact Information

Street .....

City .....State ..... Zip.....

Phone .....

Email address .....

### Emergency Contact

Name.....Relationship .....

Street .....

City .....State ..... Zip.....

Phone .....