

Applicant (Last, First)

Academic Title

Email Address / Telephone Number

Name of University

Sponsoring Faculty (Last, First)

Academic Title

Email Address / Telephone Number

Name of University

Project Information: *Please complete the abstract form, attach an NIH biosketch Letter of support from host institution, letter of support from Department Chair or Supervisor and submit by email to PTResearch@apta.org.*

In the box below, provide an abstract of the overall traveling fellowship plan. Concisely describe the central goal(s) of the applicant's research program and explain how a travel grant would facilitate this program. Explicitly state the relationship between the applicant's research program and the [Clinical Research Agenda](#).

Fellowship Plan:

Expertise of investigators:

Proposed use of funds:

Relationship to the Clinical Research Agenda:

Travel Dates (if known):

Applicant #1 Signature: _____

Date: _____

Applicant #2 Signatures: _____

Date: _____