

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

[Log In](#) to update an existing application.

Please review the "Instructions to Applicants" for National Kidney Foundation Research Fellowships before completing this application.

Applicant Name

First Name:
Last Name:
Middle:
Email:

NAME OF SPONSOR

First Name:
Middle:
Last Name:
Telephone:
Fax:
Email:

Award Category (please choose only one)

Training Awards

- Postdoctoral Research Fellowship- Basic
 Postdoctoral Research Fellowship- Clinical

PLEASE CHECK ALL APPROPRIATE BOXES:

- New Application Competitive Renewal Application
 Application for Third-Year Fellowship

Membership

Is your Sponsor a dues-paying professional member of the National Kidney Foundation? Y N

Subject Matter of Proposed Research

Please describe in the space provided below, the relevance of the proposed research project to the research agenda of the NKF, explaining, if appropriate, the specific research recommendation(s) from the KDOQI Clinical Practice Guidelines that the proposal addresses. (A complete listing of KDOQI research recommendations is available on the [NKF website](#), as is the "NKF Research and Training Agenda, 2004-9.")

Save and Continue

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

TITLE OF RESEARCH PROJECT
(Do not exceed 56 characters, including spaces and punctuation.)

Highest Degree:

Present Mailing Address (Street):

City:

State:

Zip:

Permanent Mailing Address (Street):

City:

State:

Zip:

Office Telephone # (Area Code, No. and Ext.):

Home Telephone # (Area Code & No.):

Permanent Telephone # (Area Code and No.):

Fax #:

U.S. Citizenship or Visa Status:

PRIOR AND/OR CURRENT NKF SUPPORT (Individual or Program): Yes No

DATES OF PROPOSED AWARD (From): (mm/dd/yyyy)

DATES OF PROPOSED AWARD (Thru): (mm/dd/yyyy)

Proposed Award Duration (in Months):

Degree Sought During Proposed Award (if applicable):

Expected Graduation Date: (mm/dd/yyyy)

Human Subjects: Yes No

Research Exempt: Yes No

If yes, Exemption #

Human Subjects Assurance Number (if study involves human subjects):

NIH-DEFINED PHASE III CLINICAL TRIAL: Yes No

VERTEBRATE ANIMALS: Yes No

ANIMAL WELFARE ASSURANCE NO (if animal studies):

Previous

Save and Continue

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

Name of Proposed Sponsoring Institution:

Address Line 1:

Address Line 2 (if applicable):

City:

State:

Zip:

Department, Service, Laboratory, or Equivalent:

Major Subdivision:

Entity Tax Identification Num:

Name of Advisor:
(If different from Sponsor)

Telephone Number of Advisor:
(If different from Sponsor)

Name and address of institution where research training will take place if different from sponsoring institution

Phone:

Street Address:

Address Line 2 (if applicable):

City:

State:

Zip:

NAME OF OFFICIAL IN BUSINESS OFFICE:

Phone:

Street Address:

Address Line 2 (if applicable):

City:

State:

Zip:

Email:

Department/Division in which work will be conducted:

DEPARTMENT/DIVISION Head:

Phone:

Street Address:

Address Line 2 (if applicable):

City:

State:

Zip:

Email:

OTHER PROFESSIONAL PERSONNEL ASSOCIATED WITH THE PROJECT
 (List name, degree and position of each professional associated with the project and indicate their capacity, e.g. Collaborating Investigator, Research Assistant, etc.)

[Previous](#)

[Save and Continue](#)

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

SIGNATURES AND ASSURANCES INDICATE BELOW RELEVANT INSTITUTIONAL ASSURANCES
(Attach copies of relevant documents.)

Biohazards	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____ (mm/dd/yyyy)
Radioisotopes	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____ (mm/dd/yyyy)
Human Tissue	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____ (mm/dd/yyyy)
Human Subjects	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____ (mm/dd/yyyy)
Animal Subjects	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____ (mm/dd/yyyy)
Is Institution Accredited by AAALAC?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Effective Date : _____ (mm/dd/yyyy)
Does Institution have current PHS Animal Welfare Assurance?	<input type="radio"/> Yes <input checked="" type="radio"/> No	ID Number: _____

The individuals signing below attest that:

- a) research funded pursuant to this application will be conducted as described herein and
- b) that institutional resources will be made available, as specified, to pursue this investigation. They agree to follow the terms and comply with the policies for the research funding mechanism for which funding is sought, as selected on the cover page of this application.

Applicant's signature: _____
Date: _____ (mm/dd/yyyy)

Department/Division Head's signature: _____
Date: _____ (mm/dd/yyyy)

Name and title of Fiscal Officer: _____ (name)
_____ (title)

Fiscal Officer's Signature: _____
Date: _____ (mm/dd/yyyy)

Sponsor's Signature (if applicable): _____
Date: _____ (mm/dd/yyyy)

Previous

Save and Continue

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

FACILITIES: Indicate the facilities available for the applicant's use and briefly indicate their capacities, relative proximity and extent of availability for applicant's use. Use "other" to describe the facilities at any alternate or secondary research sites or field study sites pertinent to the applicant's research.

Laboratory space:

Major Equipment
(pertinent to
project):

Clinical Facilities:

Animal Resources:

Computer
Capabilities:

Office Space:

Other (Provide any other information describing the environment for the project. Identify Support services such as consultants, secretaries, etc., that are pertinent to the applicant's research and their availability to the applicant):

SPONSOR'S LETTER OF SUPPORT/DIVISION DIRECTOR STATEMENT

Each applicant for a National Kidney Foundation Fellowship should attach a letter of support from his/her Sponsor and a statement from their Division Director. The sponsor letter should specifically comment on the role of the candidate in preparing the proposal and provide a description of the novel aspect of the proposed research in the context of the sponsor's research initiatives and the extramural support for same.

Clicking "Save and Continue" will upload the file. The filename CANNOT exceed 100 characters!

Sponsor's Letter:

Division Director's Statement: Please describe career expectations for this candidate for a National Kidney Foundation Fellowship.

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

APPLICANT BIOSKETCH (name of applicant):

First Name:

Last Name:

Middle:

APPLICANT'S EDUCATION

DEGREE:

MONTH/YEAR

FIELD

INSTITUTION

MENTOR

DEGREE:

MONTH/YEAR

FIELD

INSTITUTION

MENTOR

DEGREE:

MONTH/YEAR

FIELD

INSTITUTION

MENTOR

APPLICANT'S TRAINING/EMPLOYMENT (AFTER COLLEGE)

ACTIVITY/OCCUPATION:

BEGINNING DATE:

ENDING DATE: Present Present

FIELD

INSTITUTION/COMPANY

SUPERVISOR/EMPLOYER

ACTIVITY/OCCUPATION:

BEGINNING DATE:

ENDING DATE: Present Present

FIELD

INSTITUTION/COMPANY

SUPERVISOR/EMPLOYER

ACTIVITY/OCCUPATION:

BEGINNING DATE:

ENDING DATE: Present Present

FIELD

INSTITUTION/COMPANY

SUPERVISOR/EMPLOYER

PRIOR AND/OR CURRENT RESEARCH SUPPORT.

List type (individual and/or institutional), level (pre or post), dates, and grant or award numbers. Explain any budgetary and/or scientific overlap with the proposed NKF Research Fellowship and the relationship between the project proposed in this application and any other current research awards.

ACADEMIC AND PROFESSIONAL HONORS.

Include all scholarships, traineeships, fellowships, and development awards. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

TITLE(S) OF
THESIS/DISSERTATION(S)

NAME OF DISSERTATION
ADVISOR OR CHIEF OF
SERVICE

Advisor's TITLE:

Advisor's DEPARTMENT:

Advisor's INSTITUTION:

APPLICATION FOR CONCURRENT SUPPORT

Yes No

List all pending support (training, research, supplies, travel, etc.) that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

From:

To:

From:

To:

From:

To:

From:

To:

From:

To:

Explain any potential budgetary and/or scientific overlap with the requested support from the NKF Research Fellowship Program.

[Previous](#) [Save and Continue](#)

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

RESEARCH EXPERIENCE

a. Summary:

b. Doctoral Dissertation:

c. Publications (published, accepted, submitted, or in preparation):

TIME COMMITMENT

Approximate percentage of proposed award time in activities identified below.

Year	Research	Course Work	Teaching	Clinical
First	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Second	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Third	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

[Previous](#)

[Save and Continue](#)

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

LAY SUMMARY

Previous

Save and Continue

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION**PART 1: RESEARCH PROPOSAL:**

Please note the following page limitation and observe the page limitations for each section of the research proposal as described in the Instructions to Applicants.

NKF Postdoctoral Fellowships (limit 3 pages)

[Previous](#)[Save and Continue](#)

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION

REFERENCES

Please list names and addresses of persons who are familiar with your scientific interests and abilities on this page. Then, **print out the following form**, and ask them to use it to submit references.



[Reference Form \(.PDF\)](#)

Send all materials to: Dolph Chianchiano
Vice President of Health Policy and Research
National Kidney Foundation
30 East 33rd Street
New York, NY 10016

Two reference letters are required for National Kidney Foundation Fellowships. These letters are in addition to the Sponsor's Letter of Support and Division Director's Statement. Reference letters are not required for competitive renewal applications or applications for a third year of fellowship support.

Full Name (First, Middle, Last):

Title:

Institution:

Department:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Full Name (First, Middle, Last):

Title:

Institution:

Department:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Previous

Save and Continue

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION**CAREER PLANS AND STATEMENT OF ELIGIBILITY (to be completed by candidate for fellowship)**[Previous](#)[Save and Continue](#)

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION

SPONSOR'S BIOGRAPHICAL SKETCH (fellowships only) (to be completed by sponsor)
Provide the following information for the sponsor. DO NOT EXCEED FOUR PAGES.

NAME OF SPONSOR:

POSITION TITLE:

EDUCATION/TRAINING
(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION

DEGREE (if applicable)

YEAR(s)

FIELD OF STUDY:

NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow this outline.

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

C. Research Support. List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project.

Previous

Save and Continue

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION

CO-SPONSOR'S BIOGRAPHICAL SKETCH (fellowships only) (to be completed by co-sponsor, if any)
 Provide the following information for the co-sponsor. DO NOT EXCEED FOUR PAGES.

NAME OF CO-SPONSOR:

POSITION TITLE:

EDUCATION/TRAINING
 (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION

DEGREE (if applicable)

YEAR(s)

FIELD OF STUDY:

NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow this outline.

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

C. Research Support. List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project.

Previous

Save and Continue

APPLICATION FOR RESEARCH FELLOWSHIP SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION**FELLOWSHIP TRAINING RESOURCES**

To be completed by Sponsor, fellowship applications only.

Identify the research and research training support available to the sponsor and the applicant during period of proposed award.

SPONSOR'S PREVIOUS FELLOWS/TRAINEEES

Give total number of pre- and postdoctoral individuals and provide information on a representative five. List their present employing organizations and position titles or occupations.

[Previous](#)[Save and Continue](#)

BRIEF DESCRIPTION OF TRAINING PROGRAM (to be completed by sponsor)

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Previous

Save and Continue

PROGRESS REPORT (to be completed by applicants for third-year fellowship only) (limit one page)

Previous

Finish