



John Wallace Diversity Scholarship

Application

Name: _____
Address: _____

Race/Ethnic Group: _____

Telephone Number: _____

FAX: _____

email: _____

Citizenship: _____

If not U.S. Citizen, are you a permanent resident? Yes No

EDUCATION:	Institution	Degree	Year Conferred or Expected
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your research interests:*

*Use only the available space, do not attach extra pages

How would attendance at the Autumn Immunology Conference benefit your career objectives?*

*Use only the available space, do not attach extra pages

List up to 3 representative publications (Include title, all co-authors, and source)

dkfjksldjflkdsjkjksljd

Are you presenting an abstract? Yes ____ No ____ (Priority is given to candidates who present an abstract)

Abstract Title: _____

Recommendations: Please have your advisor and up to two additional faculty members, colleagues, etc., submit a letter of reference supporting your application. Supporting letters should be sent to Dr. Fernandez-Botran at the address listed below. These letters must be received by October 3, 2008. Letters may also be e-mailed to rafael@louisville.edu. For additional information contact Dr. Fernandez-Botran at (502) 852-5375.

RETURN TO: Dr. Rafael Fernandez-Botran, Dept. Pathology, U. of Louisville, Louisville, KY 40292
DEADLINE FOR RECEIPT OF COMPLETED APPLICATION: OCTOBER 3, 2008