



## YOUNG SCIENTIST RESEARCH AWARDS

### 2017 Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

E-mail address \_\_\_\_\_

September 2017 address for results notification \_\_\_\_\_

\_\_\_\_\_

Circle your application category:    PRE-DOCTORAL    POST-DOCTORAL

Highest degree \_\_\_\_\_ Obtained from \_\_\_\_\_

IF APPLICABLE: Ph. D. Diploma awarded on \_\_\_\_\_  
(Please note, this is the diploma date, not the oral defense date.)

Current University enrollment \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Title of research program to be judged

\_\_\_\_\_

\_\_\_\_\_

Names of professionals sending recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please save the completed form as a pdf and email the file to [youngscientist@chadd.org](mailto:youngscientist@chadd.org).

**Application deadline: Close of business, May 15, 2017**

[www.chadd.org/youngscientist](http://www.chadd.org/youngscientist)