



YOUNG SCIENTIST RESEARCH AWARDS

2018 Application Form

Name _____

Address _____

City/State/Zip Code _____

Daytime phone _____

Evening phone _____

E-mail address _____

September 2018 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.

Application deadline: Close of business, May 21, 2018

www.chadd.org/youngscientist