



**Digestive Disease Research Foundation
2012-2013 DDRF Medical Student Research Grant Application
Deadline: April 15, 2012**

Name: _____

Current Matriculation: _____ Expected Graduation: _____

Undergraduate Institution: _____ Graduation Date: _____ GPA _____

Phone: _____ Email: _____

Do you have another sources of research funding? _____ Yes _____ No

If yes, please describe briefly _____

Does this project represent a full-time commitment for the student during the academic year 2012-13? _____ Yes _____ No

If part-time, please estimate the % time commitment of this project _____..

How long have the physician mentor and student known each other and under what context?

Please attach the follow items:

- 1. Curriculum Vitae and/or Resume.**
- 2. Current Student Transcript**
- 3. Letter of Recommendation**
- 4. Student personal statement (≤ 1 page), indicating reasons for interest in current clinical study and professional goals.**

Please submit application and supporting material to:

Email: ddrf.ddrf@yahoo.com

FAX: 212.996.6677

Or mail to:

Digestive Disease Research Foundation

311 East 79th Street #2A

New York, NY 10075

Phone: 212.996.1105

For more information about the Digestive Disease Research Foundation please visit
www.digestivedisease.org