



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

Name: _____

Address _____

City, State, Zip _____

Office phone: _____ Cell phone: _____

Email(s) _____

Current institutional affiliation and in what capacity? _____

Briefly describe the clinical research project seeking funding: _____

Do you have other sources of research funding for this project? _____ 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 _____

Do you currently have a means of sourcing/advertising for medical students for this opportunity?

Briefly explain. _____

Please attach the follow items:

- 1. Your Curriculum Vitae**
- 2. One paragraph description of proposed project**
- 3. If available CV/DDRF application for suggested medical student for DDRF Fellowship**

Please submit applications and supporting material to:

Email: ddrf.ddrf@yahoo.com OR FAX: 212.996.6677

MAIL: 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