



**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](mailto:ddrf.ddrf@yahoo.com) OR FAX: 212.996.6677

MAIL: Digestive Disease Research Foundation  
311 East 79<sup>th</sup> Street #2A  
New York, NY 10075  
Phone: 212.996.1105

For more information about the Digestive Disease Research Foundation please visit  
[www.digestivedisease.org](http://www.digestivedisease.org)