

**Research Scholars Program**

 **2020 Application**

**Applicant Contact Information:** Click here to enter text.

**Name and Credentials:** Click here to enter text.

**Job Title and Position:** Click here to enter text.

**Employer:** Click here to enter text.

**Preferred Mailing Address:** Click here to enter text.

**City/State/Zip:** Click here to enter text.

**Please indicate whether your address is: Home Office**

**Phone:** Click here to enter text. **Email: Click here to enter text.**

**Mentor Contact Information:**

While the retreat will offer intense mentorship and learning, a successful applicant will have an identified mentor for sustained learning through the process of research grant writing and conducting research.

**Mentor’s Name and Credentials: Click here to enter text.**

**Mentor’s Job Title and Position:** Click here to enter text.

**Mentor’s Employer:** Click here to enter text.

**Mentor’s Preferred Mailing Address:** Click here to enter text.

**City/State/Zip:** Click here to enter text.

**Mentor’s Phone:** Click here to enter text. **Mentor’s Email:** Click here to enter text.

**PLEASE ANSWER THE FOLLOWING QUESTIONS, limiting your answers to 300 words each:**

1. **What is your expertise and/or experience in hospice and palliative care?**

**Click here to enter text.**

1. **Please describe your area of research interest.**

**Click here to enter text.**

**3. Please describe the specific aims, funding source and current status of any career development awards that are in preparation or submission.**

Click here to enter text.

**4. Please describe an overview of your career development plan for the next 3 years.**

**Click here to enter text.**