SECTION 1: APPLICANT INFORMATION
Please note: Incomplete or illegible applications will be returned. Clearly print or type all information.

First Name: ____________________________________________________________

Last Name(s): ______________________________________________________________________________________________________

HSPA ID#: __________________________________________________________________________________________________________

Personal Information

Home Address: __________________________________________________________________ Apt/Floor/Unit: ____________________________

City, State/Province, Zip/Postal Code: __________________________________________________________________________________________

Country (if outside the USA): ______________________________________________________________________________________________

Home Telephone: __________________________ Personal Email: ____________________________

Employment Information (if available)

Current Facility/Affiliation: ______________________________________________________________________________________________

Current Position Title: ______________________________________________________________________________________________

Number of Years in CS/SP: ______________________________________________________________________________________________

Facility Address: ______________________________________________________________________________________________

Facility City and State/Province: _________________________________________________________________________________________

Country (if outside the USA): ______________________________________________________________________________________________

Business Telephone: __________________________ Business Email: ____________________________

SECTION 2: PROPOSED RESEARCH PAPER TOPIC

Proposed Research Paper Title: _________________________________________________________________________________________

Please attach a detailed outline of your topic.

SECTION 3: SUBMISSION CRITERIA

Please submit the following to HSPA headquarters to be considered by the Fellowship Committee:
1) Fellowship application;
2) Curriculum Vitae;
3) Two letters of recommendation; and
4) Research paper topic and detailed outline (see Section Two).

Application Received: __________________________ Mentor Assigned: ____________________________

Date Application Sent to Committee: ______________ Date Fellowship Accepted: ____________________________