



**Application for Seligman funds for research projects**

Please complete this form to request funding for research project.

<b>Name of requestor:</b>	
<b>Year of Residency/Fellowship:</b>	
<b>Date of request:</b>	
<b>Title of research project:</b>	
<b>Mentor 1:</b>	
<b>Mentor 2:</b>	
<b>Brief description of project:</b>	
<b>Amount requested:</b>	\$
<b>Specifics of how funds will be spent:</b>	
<b>Any additional contributing funds:</b>	

**Required Approval:**

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**Requestor Signature**

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**Date**

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**Eve Espey, MD, MPH  
Approval of Department Chair**

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**Date**

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**Lawrence Leeman, MD  
Approval of Department Vice-Chair of Research**

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**Date**

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**Approval of Residency Program Director/  
Fellowship Director**

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**Date**