



Fundacja NUTRICIA  
ul. Bobrowiecka 6 | 00-728 Warszawa, Polska  
NIP: 113-21-26-885  
phone: 22 55 00 097  
e-mail: biuro@fundacjanutricia.pl  
www.fundacjanutricia.pl

## FELLOWSHIP APPLICATION FORM

### NUTRICIA FOUNDATION

### FUNDACJA NUTRICIA

#### INSTRUCTIONS, TERMS AND CONDITIONS

1. Aim of the fellowship is to gain knowledge and experience in research related to human nutrition.
2. Please use the attached form to provide all information pertinent to your fellowship. You may use additional pages if needed.
3. The application will be reviewed by the Scientific Council and the Foundation Management Board.
4. Any publication or presentation associated with the fellowship should make reference to the Foundation as following (in Polish or in English):  
“Stypendium sfinansowane przez Fundację Badawczą NUTRICIA” or „Fellowship sponsored by NUTRICIA Research Foundation”.
5. Receipt date for application unless otherwise agreed upon, is April 30th.  
The Foundation's decision will be communicated in the month of August.
6. All decisions undertaken by the Council are final and not subject to appeal.
7. Maximum sum of fellowship per month is 6250 PLN (tax included).

#### Application form for ..... months fellowship

Forms must be typed in English, only fully completed forms can be taken into account.

#### 1. Details of the Applicant

Name:
Contact (e-mail, phone no.):

## 2. Qualifications and experience

University/college:	
Field of study:	
Degree:	Year:
Field of medical specialty training (if applicable):	

Institute of medical specialty training (if applicable):	Supervisor:	Dates:
Academic distinctions, fellowships, awards etc. held:		
Membership in professional societies etc.:		
Recent positions:	Employers:	Dates:

### 3. Supporting documentation

Publications: enclose a list of your publications and any relevant abstracts

References: name hereunder any referees other than your present home supervisor

Name:

Position:

Institute/address:

Name:

Position:

Institute/address:

#### 4. Personal details

Family name:		First name:	
Date of birth:	Nationality:	Sex:	
Address:	E-mail:	Phone:	
Medical specialty:			
Present position:		Field of clinical practice:	
Since:			

Name and address of home institute:	Telephone:
	Telefax:

Please enclose name and title of home supervisor who will:

- authorize your leave of absence
- indicate that a position will be open to you on completion of the fellowship
- confirm the relevance of your proposed field of research to the work of your institute
- confirm your proficiency in English

## 5. Hosting institute

Name and address of hosting institute:	Telephone:
	Telefax:

Please enclose name and title of hosting supervisor:										
in which field of research/clinical activity would you like to participate/to be trained and please  indicate period of time desired								Period:		
Please indicate what kind of costs will be covered by hosting institute:										
accommodation				YES / NO						
materials				YES / NO						
allowance				YES / NO						
Other costs				YES / NO						
TOTAL costs required from the Foundation during the fellowship: .....										
Languages of your host institute are  English		your knowledge of these languages								
		read			write			speak		
		good	average	limited	good	average	limited	good	average	limited

#### 4. Declarations

Have you applied to another agency for a fellowship to cover the same period? If yes, provide details.

If this application is successful, I hereby declare that I intend to return to my home institute after the fellowship.

I certify that the foregoing statements are true and complete to the best of my knowledge and belief. I understand that any willfully false statement is sufficient cause for rejection of this application or for the termination of fellowship already awarded.

signature of the applicant

date:



**List of enclosures:**

1. Full resume
2. Motivational letter
3. Letter from home institute stating a position will be open to you upon completion of the fellowship
4. Letter of support from your national academy or association in your professional field
5. Letter from host institute stating conditions (i.a. what costs will be covered), readiness of hosting you as a fellow and program of detailed scholarship