K12 Cover Sheet

**Tufts CTSI K12 Institutional Faculty Career Development Award**

**Tufts BIRCWH K12 Institutional Faculty Career Development Award**

Date:

Scholar/Investigator name:

Academic Title:

Department/ School/ Institution: Mailing Address:

Work Telephone Number: Cell telephone number:

Email Address:

Project Title:

Proposed Program: CTSI K12\_\_\_\_\_ BIRCWH K12\_\_\_\_\_\_\_\_\_

Proposed Primary Mentor:

Proposed Secondary or co-primary Mentor:

Research Administrator

Name:

Email:

Signature:

Institutional confirmation of eligibility and effort requirements for K12 *(to be signed by* ***candidate’s Dean, Department Chair, or Division/Section Chief)***

**Name:**

Email:

Signature

**and send to:** Tufts.MC.research.career.awards@tuftsmedicine.org