YOUNG INVESTIGATOR FORM

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| **Contact Details Young Investigator** | | |
| Last Name, First name | : | Click or tap here to enter name (e.g.: Smith, John) |
| Professional/Academic Title | : | Click or tap here to enter title |
| Age | : | Click or tap here to enter age |
| MD / PhD date awarded | : | Click or tap to enter a date |
| Email | : | Click or tap here to enter email address |
| Workshop/ Meeting | : | Click or tap here to enter full name of attending meeting |
| Title submitted Abstract: | : | Click or tap here to enter full text of submitting abstract (if applicable) |

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| **Contact Details Supervisor** | | |
| Last Name, First name | : | Click or tap here to enter name (e.g.: Smith, John) |
| Professional/Academic Title | : | Click or tap here to enter title |
| Address | : | Click or tap here to enter address |
| City/State/Zip | : | Click or tap here to enter zip/post code |
| Country | : | Click or tap here to enter country |
| Email | : | Click or tap here to enter email address |

**I hereby certify that** Click or tap here to enter name of applicant **meets the young investigator criteria as stated on the website.**

**Date:** Click or tap to enter a date.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Return this form to Virology Education by email to [Lara.daSilvaMiguel@amededu.com](mailto:Lara.daSilvaMiguel@amededu.com) / alternatively, upload it in the scholarship application.