

Last Name _____ First Name _____

University _____

Graduate Program _____

I
n
Director/Chair _____

Dissertation Supervisor _____

- I have filled out the contact form found www.dingwallfoundation.org/appguide/
- In one envelope, I have submitted ORIGINALS of the following:
 - A signed nomination checklist
 - A signed and sealed nomination letter from my Department/Program Head or Graduate Director
 - 500-1000 word summary of my dissertation proposal
 - Whatever preliminary data is available (maximum of 3 pages)
 - A current curriculum vitae and bibliography of published papers and presentations at professional meetings
 - A signed and sealed letter of recommendation from my dissertation supervisor, with the words "dissertation supervisor" written across the flap of the letter.
 - TWO additional signed and sealed letters of recommendation from faculty or other professionals
 - An official transcript(s) of my grades in graduate school

CERTIFICATION

I hereby certify that I have read the requirements and the nomination process for the **William Orr Dingwall Dissertation Fellowships in the Cognitive, Clinical, and Neural Foundations of Language** and agree to the same.

I hereby certify that all of the information contained in this application is true and complete to the best of my knowledge.

DATE

SIGNATURE

Mail your complete application to:

The William Orr Dingwall Foundation
ATTN:Fellowship Coordinator
P.O. Box 57088
Washington, DC 20037

Program Closes May 1, 2017