

DAVID FRIEDMAN NEUROSCIENCE AWARD

APPLICATION

Submit to Dr. Brumbaugh by 4/17. Please attach a copy of your personal statement. Ask the faculty recommending you to send a letter of recommendation to Dr. Brumbaugh directly.

NAME:

HOME ADDRESS:

EMAIL ADDRESS:

TELEPHONE NUMBER:

UNDERGRADUATE MAJOR:

OVERALL GPA:

MAJOR GPA:

SEMESTER YOU GRADUATED/ARE GRADUATING:

GRADUATE PROGRAM THAT YOU WILL BE ATTENDING IN FALL 2026
(Please attach letter of acceptance):

- a) NAME OF COLLEGE:
- b) NAME OF PROGRAM:
- c) SPECIALTY AREA:
- d) CAREER GOALS:
- e) HOW WILL YOU FUND YOUR GRADUATE EDUCATION, AND IS FUNDING PROVIDED IN YOUR GRADUATE PROGRAM?