ASTMH Young Investigator Award Mentor/Supervisor Form

By April 21: Upload this form to the Young Investigator Award submission site

Required: This form must be signed by the individual responsible for supervising the applicant’s research.

I confirm that (applicant’s name) __________________________________________________________
completed the majority of work reported in the abstract as an undergraduate, graduate student or early
postdoctoral researcher.

Abstract Number (assigned by abstract submission site) _______________________________________

Mentor/Supervisor Information

Mentor/Supervisor Name _______________________________________________________________
Mentor/Supervisor Title _______________________________________________________________
Mentor/Supervisor Signature ________________________________________ Date ______________
Mentor/Supervisor Email_______________________________________________________________

Applicant Information

First Name_________________________________________________________________________
Last Name _________________________________________________________________________
Institution ___________________________________________________________________________
Mailing Address _______________________________________________________________________
City, State, Postal Code, Country _________________________________________________________
Email ______________________________________________________________________________
Phone _____________________________________

Questions? Contact:
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