

**Research Fellowship Application Form**

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Last Name First Name Middle Initial

Address to which correspondence should be sent: Telephone Numbers:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Female:\_\_\_\_\_\_\_\_ Male:\_\_\_\_\_\_\_\_

Legal Permanent Resident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest education level: \_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (MM/DD/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional title (i.e. Professor of Ophthalmology, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional/Professional affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed dates of fellowship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarly discipline (i.e. research interests, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected, will you require a foreign visa? If so, what type of visa are you interested in?

J-1:\_\_\_\_\_\_\_\_\_\_ H-1:\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_

**Exchange Visitors Funding & Source of Funds**  
If selected as a Research Fellow, will you require source of funding from Doheny or will you come with your own financial support? If so, what type of support will you need?

Request Funding: \_\_\_\_\_\_\_\_\_ Institutional Support: \_\_\_\_\_\_\_\_\_\_ Self Support: \_\_\_\_\_\_\_\_\_\_\_\_\_

If you selected **Institutional Support** or **Self Support** above, exchange visitors must show they have sufficient funds to carry out their primary activities at UCLA or Doheny Eye Institute. The table on back shows the current minimum amounts required to qualify for J-1 status:

**Institutional Support or Self Support minimum amounts**

Per Month Annual

Professors/Scholars/Specialist $2,247.33 $26,968.00  
Spouse $500.00 $6,000.00  
Each child $222.25 $2,667.00

If you are selected and will be self-supported, you will be asked at time of acceptance to provide evidence of financial support in English. Acceptable financial documents include:

* A signed copy of the scholarship or award letter on official letterhead which states the amount and duration of the award.
* A copy of the signed letter from employer on official letterhead indicating the amount and contribution of salary payments during program participation.
* Personal funds—an **ORIGINAL** certified bank statement no older than three (3) months verifying the required amount of money. Online printouts and ATM receipts are NOT acceptable documents.

**Dependent(s) Information (coming or continuing in the U.S.)**  
The following information is only required if you are seeking a J-2 visa for your dependent(s). Please include only dependent(s) who are **NOT** U.S. citizens.

Spouse: \_\_\_\_\_\_\_\_\_ Child(ren): \_\_\_\_\_\_\_\_\_ Not applicable: \_\_\_\_\_\_\_\_\_

Please include the following items when submitting application form:

1. Cover Letter
2. Curriculum Vitae

Please send required documents via email or mail to:

*Andrea Lantini*

*Doheny Eye Institute Human Resources Department*

*1355 San Pablo Street, Suite #188*

*Los Angeles, CA 90033*

*Phone: 323-342-7120 Fax: 323-342-7127*

[*alantini@doheny.org*](mailto:alantini@doheny.org)

I certify that the information provided above and/or the evidence submitted is all true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature Date