



Research Fellowship Application Form

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

	<u>Per Month</u>	<u>Annual</u>
Professors/Scholars/Specialist	\$2,525.00	\$30,300.00
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
150 N. Orange Grove Blvd, Suite 371
Pasadena, CA 91103
Mailing Address: PO Box 86228, Los Angeles, CA 90086
Phone: 323-342-7120 Fax: 323-342-7127
alantini@doheny.org

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

Signature

Date