

ASPE GRANTS & RESEARCH COMMITTEE MEMBER APPLICATION

NAME:

TITLE:

INSTITUTION:

ADDRESS:

TELEPHONE:

FAX:

EMAIL:

ASPE MEMBER: (IF NO, YOU MUST JOIN BEFORE APPLYING FOR THE COMMITTEE)

PLEASE PROVIDE THE FOLLOWING INFORMATION (USE ADDITIONAL PAGES IF NEEDED)

WHY YOU WOULD LIKE TO BE A COMMITTEE MEMBER:

EXPERIENCE RELEVANT TO THE COMMITTEE GOALS:

MEMBERSHIP IN THIS COMMITTEE REQUIRES TIME TO DEVOTE TO THE TASKS AND RESOURCES TO PARTICIPATE IN CONFERENCE CALLS ON THE ASPE BRIDGE (@ once a month) AND ATTENDANCE AT THE ANNUAL ASPE CONFERENCE.

Please return completed application to: Linda C. Perkowski, Ph.D
Chair, Grants and Research Committee
Email: perkowsk@umn.edu
Fax: 612-626-4985
Address: Univ. of Minnesota Medical School
Office of Education
B639 Mayo Memorial Building
MMC 293
420 Delaware Street, S.E.
Minneapolis, MN. 55455