



National Kidney Foundation™

of MARYLAND

NKF-MD Mini-Grant Award Application 2010 - 2011 Sponsor Verification

Instructions: This form must be completed only on behalf of applicants for NKF-MD mini-grants who are in postgraduate training. The completed form must be signed by the faculty sponsor and submitted in PDF format to research@kidneymd.org and received no later than 12 Noon, MONDAY, MARCH 1, 2010.

Applicant Name: _____

Institution: _____

Project Title: _____

Sponsor Verification:

My signature at the conclusion of this statement serves as verification that I have agreed to serve as the faculty sponsor for the above named applicant for a National Kidney Foundation of Maryland mini-grant. As faculty sponsor I assure the NKF-MD that the applicant will have sufficient resources and support to complete the submitted project. I also attest that I will serve as this researcher's professional mentor during the grant period.

Faculty Sponsor Name

Title

Faculty Sponsor Signature

Date