

Robert D. Voogt Founders Award
FELLOWSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Place of work: _____

Phone: _____ Fax _____

E-mail _____

Degree _____

Title of Your Work _____

Please attach the following to your application:

1. Describe why your receiving the Robert D. Voogt Founders Award would benefit your career (150 words or less)
2. Provide an abstract of the work or research you are doing (250 words or less)

With my signature below, if my application is accepted for the Robert D. Voogt Founder's Award Fellowship, I declare that I will attend the 2022 NABIS Conference on Brain Injury in New York, NY, September 22-24, 2022, and will accept my award.

_____ Date _____

Please complete application and return along with current CV on or before April 11, 2022,
by email to: congress@internationalbrain.org.

The subject line should read **VOOGT AWARD**. Questions? Call 713 526-6900 or visit
www.internationalbrain.org.