

Fellowship Grant Application



Please complete **all** application contents below. This information is **REQUIRED** to process your application. Requests must be submitted to edgrants@nevro.com a minimum of 30 days prior to the start of the program to allow a scientific, professional education, and compliance review.

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Fellowship Application Checklist:

ONLY COMPLETE APPLICATIONS WILL BE REVIEWED. SUBMISSION OF A REQUEST DOES NOT CONSTITUTE A GUARANTEE OF FUNDING. **A COMPLETE APPLICATION CONSISTS OF THE FOLLOWING:**

COMPLETED AND SIGNED NEVRO FELLOWSHIP REQUEST APPLICATION FORM

PROGRAM OVERVIEW AND CURRICULUM

DETAILED PROGRAM BUDGET

PROOF OF ACCREDITATION OF FELLOWSHIP PROGRAM

IF BASED IN THE USA, PROVIDE A CURRENT, SIGNED TAX ID FORM (IRS W-9) FOR THE INSTITUTION WHERE THE PAYMENT SHOULD BE MADE

Part I: Fellowship Information

Fellowship Requestor Information	
Today's Date	
Institution/Organization	
Institution/Organization Address	
Contact Name and Title	
Contact Phone & Email	
Payee Name	

Summary of Fellowship Program	
Title of Program & Department	
Program Start Date / End Date	
Program Director	
Program Director Phone & Email	
Describe the need for this program / scholarship. <i>(attach additional pages, if necessary)</i>	
Program Description <i>(Items you may consider including in this document: Hospital overview, listing of key faculty, training program focus, curriculum outline, learning activities, clinical schedule, research description and research responsibilities (if applicable), degree or accreditation conferred upon completion, etc.)</i> <i>(attach additional pages, if necessary)</i>	
Describe the criteria for selecting the fellows for participation in this program / scholarship.	

<i>(i.e. Entry Degree, etc.)</i>	
Number of fellowship positions for which grant funding is requested.	
Number of additional faculty members supporting fellows program.	
Number of approved fellowship positions for the upcoming academic year.	
Duration of fellowship (years)	
Total number of fellows enrolled in program in each of the last 5 years.	
Total number of fellows graduated from program in each of the last 5 years.	
Percentage of fellow's time dedicated to patient care / procedures.	
Percentage of fellow's time dedicated to research.	
Percentage of fellow's time dedicated to other activities.	
Describe your Institution/Organization.	

Financial Request Information	
Total amount requested from Nevro (include currency).	

