

**Fund for Medical Discovery (FMD)  
Research Fellowship Awards**

**One Year MGH ECOR Fellowship Awards**

**Form for Chief of Department or Unit**

The following applicant \_\_\_\_\_ is a research fellow/post doc/  
Instructor in \_\_\_\_\_ (Name of applicant)

\_\_\_\_\_  
Department/Unit

The department fully endorses this application and will provide the research space and other resources necessary to support the research proposed in the application if it is funded.

\_\_\_\_\_  
Name of Chief

\_\_\_\_\_  
Signature of Chief

\_\_\_\_\_  
Date

**OPTIONAL**

**Comments, if any:**