

APPLICATION

Please submit all application materials (this completed form, a letter of interest, and a resume or CV) by **May 1, 2023** for consideration.

PERSONAL INFORMATION

First Name _____ Last Name _____
Nationality _____ Institutional Affiliation _____
Email _____ Mobile Number _____
Permanent Address _____
City _____ State _____ ZIP _____

Are you local to the DC metro area? Yes No

If not, where do you anticipate you will be traveling from to get to the NCNK Workshop?

Please provide the name and affiliation of your reference:

Reference Name _____ Relationship to Applicant _____

Reference Affiliation (university, company, etc.) _____

Your reference should submit the letter of recommendation directly to applications@ncnk.org.

I, _____, certify that all statements and information contained herein and in all application materials are true, correct, and accurate to the best of my knowledge.

Signature _____ Date _____