

2012-2013 Harry J. Lloyd Charitable Trust

**Investigator Form**

(Please fill out one form for each named investigator on the project)

1. Circle one: Primary Investigator Primary Co-Investigator Co-Investigator

2. \_\_\_\_\_

First Name Middle Initial Last Name Degrees(s)

3. \_\_\_\_\_

Title Position Department Institution Name Complete Mailing Address

City State Postal Code Country Telephone (with appropriate codes) Facsimile (with appropriate codes) E-Mail

4. Proposal title \_\_\_\_\_

5. List other sources of relevant financial support \_\_\_\_\_

6. Briefly describe your role in the project: \_\_\_\_\_

7. Please attach an NIH format Biosketch

\_\_\_\_\_