**NeuroLab Istanbul 2025 – Dr. Alfonso Fasano Fellowship Award Application Form**

1. **Applicant Information**

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Current Position  |  |
| Institution / Hospital / University |  |
| Department |  |
| Email |  |
| Phone Number |  |

**2. Project Submission**

Project Title:

Research Area: [ ]  Movement disorders - Basic science [ ]  Movement disorders – Clinical

[ ]  Functional neurosurgery

Abstract (max 300 words):

**3. Motivation Statement**

Why do you want to apply for this fellowship? (max 250 words)

How will this fellowship contribute to your career?

**4. Curriculum Vitae**

Education and training

Clinical experience

Research experience

Publications and presentations

**5. References**

Reference 1 (Name, Position, Institution, Email):

Reference 2 (optional):

**6. Applicant Declaration**

I hereby declare that:

* The submitted project is my original work.
* I meet the eligibility criteria (resident, fellow, or early-career researcher in neurology/neurosurgery).
* If awarded, I commit to participate in the 6-month fellowship at PARMER in 2026, as scheduled in agreement with the organizing committee.
* I understand that the decision of the academic jury is final.

Signature & Date: