**WALTER B. FROMMEYER, JR., FELLOWSHIP IN INVESTIGATIVE MEDICINE**

**BUDGET PAGE**

**Applicant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Applicant Salary Stipend: | $  |
| Applicant Fringe benefits if applicable: | $ |
| Supplies or equipment pertinent to the research project: | $ |
| Total | $  |