



The American Association of Immunologists (AAI)

AAI Public Policy Fellows Program (PPFP)

Application for 2019-20

Name: _____

Title: _____ Degree(s): _____

Institution: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (w) _____ (c) _____

Congressional Representative for district where you vote (your home):* _____

Congressional Representative for district where you work:* _____

*If you need help finding your congressional district or Representative, please click [here](#)

1. Why do you want to participate in the AAI PPFP? Please specify how you believe you could benefit from participating.

2. Have you ever advocated for or against a specific government policy (national or local)? If so, please describe your experience and whether it influenced you to apply for this Fellowship.

3. Do you intend to pursue a research career? If not, what do you plan to do?

4. What is your area of research?

5. Would an advance in your area of research affect any disease or health condition? If yes, what disease or health condition, and what is the potential health-related impact of your research?

Terms and Conditions

I am member in good standing of AAI.

I agree that if I am chosen to participate in the AAI Public Policy Fellows Program, I will:

- 1) attend the AAI annual meeting (IMMUNOLOGY 2019™, May 9-13, 2019), including all policy sessions/meetings requested by AAI;*
- 2) participate in a two-day Capitol Hill Day in Washington, D.C. on dates (likely March 2020) to be determined/**
- 3) receive, and respond as appropriate, to emails and phone calls that I receive from the AAI staff or other program participants during the year of my participation (May 1, 2019 - April 30, 2020); and
- 4) complete a brief evaluation at the conclusion of the program.

* I understand that travel to, and attendance at, the AAI annual meeting will be at my own expense; I may apply for and use any AAI travel awards for which I am eligible.

** I understand that AAI will pay for my reasonable expenses for "Capitol Hill Day," per the AAI PFPF reimbursement policy, to include travel and hotel.

Signature Date

(by typing your name here and submitting this application to AAI,
you are agreeing to the terms and conditions listed above)

Please upload this fully completed and signed form, your CV, and two references (using the PFPF recommendation forms) to AAI via email to jschumacher@aai.org. See submission instructions at <https://www.aai.org/Public-Affairs/PFPF>

Questions? Contact Jake Schumacher at jschumacher@aai.org or (301) 634-7744

APPLICATION DEADLINE: January 22, 2019