

## LHS K12 PROGRAM

### **Lead Mentor Statement**

Limit response to what fits in the space below (Arial 11 Font)

Lead Mentor Name:

Please indicate the resources that you will provide to support the candidate's research. Be specific as to amount of space, number and kind of staff, clinical and lab resources, and dollars you will make available to the scholar (this has an important impact on our funding decision). Please comment specifically on your familiarity with the health care delivery system in which the scholar proposes to work.

I have read and understand the expectations of mentors for this program, and agree to be the Lead Mentor for the candidate named above in the event he or she is selected.

Signature:

Date: