**VTCAR New Affiliate Information Sheet**

**Please complete this form and also submit a recent copy of your curriculum vitae to the VTCAR Research Coordinator. Your application will be sent to the VTCAR Steering Committee for review.**

**Name  Email:**

**Phone:**

**Campus Mailing Address (or other):**

**Professional Website **

**Department**

**Is there a current VTCAR affiliate who has encouraged you to apply? Yes** [ ]  **No** [ ]

**If yes, who has encouraged you to apply? **

**Research Statement**

**Research Interests (please list 5 key words that best describe your research interests and/or the work that you do):**

**Briefly describe how your affiliation with VTCAR will benefit your scholarship as well as how your affiliation may benefit VTCAR:**

**Please indicate how your (proposed) work is supportive of the VTCAR mission to advance research in ASD and related conditions:**

**Please indicate how you might partner in research with faculty affiliates:**

**Please return this form and a recent copy of your CV to:**

**Angela Scarpa, PhD**

**VTCAR Director**

**Department of Psychology, Virginia Tech**

**109 Williams Hall**

**890 Drillfield Drive**

**Blacksburg, VA 24061**

**ascarpa@vt.edu**

**540-231-8747**