

**PETE WILDE
SCHOLARSHIP
APPLICATION**

Research project title:			
<u>Applicant</u>		New investigator <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name (<i>Last, first, middle initial</i>)		Degree being sought:	
Organization (<i>clinic, university, etc</i>)		Mailing address:	
Department:			
E-mail:			
Telephone (<i>area code, number, extension</i>)			
Proposed project dates (<i>month/day/year</i>):			
Start _____ End _____		Total funding request (<i>direct costs only; US dollar</i>)	
		Human subjects: <input type="checkbox"/> Yes <input type="checkbox"/> No	Research exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No
IRB / Ethical Committee approval: <input type="checkbox"/> Pending <input type="checkbox"/> Approved		Have you ever had funding rescinded for any reason? <i>If yes, attach sheet explaining circumstances including year.</i>	
Applicant assurance: By completing this form, I attest that the information contained in this application is true and accurate. I am aware that any false, fictitious or fraudulent statements may incur criminal or administrative penalties.			
Name:		Date:	

Biographical Sketch

Complete a biographical sketch for the applicant.

Do not exceed 2 pages per person.

Name (<i>last, first, middle initial</i>):	Title/position:
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A. Education and professional training:

Year(s)	Institute and location	Degree (<i>if applicable</i>)	Field of study

B. Work experience**C. Honors/professional memberships/licenses****D. Publications****E. Funding**

Budget

The purpose of the budget and justification is to explain all expenses. Below are suggested areas of usage. Funds may be allocated to only one area or spread out over two or more areas.

Total Amount Requested (US currency) \$_____

I. Tuition Total tuition allocation: \$_____

II. Equipment: Total equipment cost: \$_____

Justification:

III. Consumable Supplies: Total supply cost: \$_____

Justification:

IV. Travel: Total travel cost: \$_____

Justification:

V. Other expenses (i.e. patient reimbursement): Total other cost: \$_____
(itemize)

Justification:

Research Project

Directions: Please address each of the following items. Use 12 point font and do not exceed 2 pages.

Background:

Statement of Purposes/Aims:

Study Design:

Population Sample (include inclusion and exclusion criteria):

Study Protocol:

Statistical Analysis:

Timeframe:

Relevance to MDT:

Disclosure and Conflict of Interest Statement

A conflict of interest statement is required for each grant application. Check all boxes that apply. Provide explanation below for any checked boxes.

- One or more of the investigators of this project will or has received personal or professional benefits from a commercial party directly or indirectly related to the proposed project. List the investigator(s) and the benefit.

- One or more of the investigators has a vested interest in a company or product related to the proposed project. List the investigator(s) and his/her interest.

- No conflict of interest.

I attest that all investigators have been queried regarding the above information and that the information provided is accurate.

Name: _____

Date: _____

Letter of Support

Applicant name: _____

Please provide the name and e-mail address of your program advisor on this sheet. We will then contact him/her requesting that he/she completes our one page reference sheet – half check-list and half narrative. We will ask them to send the reference directly to the Board. Please inform the reference that you have provided his/her name and that the Board will be in touch.

Advisor name: _____

Email address: _____