

Trainee Research Award 2012 APPLICATION FORM

Trainee

FIRST NAME _____ LAST NAME _____ TELEPHONE _____ EMAIL _____

INSTITUTION _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Resident, Year____ Medical student, Year____ Master's level student, Year____ PhD level student, Year____

Mentor/supervisor

FIRST NAME _____ LAST NAME _____ TELEPHONE _____ EMAIL _____

INSTITUTION _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Financial officer

FIRST NAME _____ LAST NAME _____ TELEPHONE _____ EMAIL _____

Contracts/grants/authorized officer

FIRST NAME _____ LAST NAME _____ TELEPHONE _____ EMAIL _____

INSTITUTION _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

(continued on next page)

Title of project:

Topic area (for example, Immediate post-placental IUD insertion):

Research methods (for example, social science, mixed methods, etc.):

Amount requested (not to exceed \$5,000): _____

Project abstract (250 word maximum):

(continued on next page)

Project start date: _____

If human subjects or materials or animal subjects are to be used, your project supervisor must obtain, or must have obtained, approval from the appropriate institution. Final approval of any grant is contingent on evidence of such approval.

Check one:

- Approval pending, applied for on _____ (date)
- Approval obtained on _____ (date).
If project has been approved by the IRB, submit documentation as part of application.
- Applicant certifies that no human subjects or materials are to be used

The following signatures are required:

To sign this form, click on signature icon and follow the directions provided. Once the Supervisor of the training program and the Project Supervisor have signed it as well, save the form and upload it when you submit your online application.

Certification of Supervisor of training program

Date

Signature of Project Supervisor *

Date

Signature of Applicant

Date

***Project supervisor must attach a signed letter, which includes:**

- 1. A commentary on the proposal that the student has written and the student's role in the project.**
- 2. An endorsement of the candidate.**

To sign this form, click on signature icon and follow the directions provided. Once all three signatures are in place, use the buttons below to print the completed form for your records and to save it to your computer. Email the saved copy of the form along with your other materials to mpolonsky@societyfp.org.

PRINT FORM

SAVE FORM