RESEARCH MASTER 2 SCHOLARSHIPS APPLICATION

*Follow instructions carefully. Incomplete applications and applications that exceed page limitations will not be reviewed. Applications must be typed.*

1. 1. APPLICANT (student):

a. NAME *(Last, First)*: b. DEGREE(S): c. POSITION TITLE:

1. d. COMPLETE MAILING ADDRESS:
2. e. DEPARTMENT, LABORATORY OR EQUIVALENT :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. f. TELEPHONE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. E-MAIL ADDRESS :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. RESEARCH SUPERVISOR:

Name Degree(s) Institution

1. TITLE OF PROJECT *(Do not exceed 56 typewriter spaces)*:

4. TRAINING PERIOD 5. COSTS REQUESTED FOR ENTIRE PROJECT PERIOD:

 \_\_\_\_\_\_ days €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Applicant (“Per” signature not acceptable.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Supervisor of home laboratory (“Per” signature not acceptable.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SUMMARY OF RESEARCH PROPOSAL

*State the objectives, hypothesis, and specific aims of the proposed research. Describe, briefly and concisely, what will be your role during the training course.*

## RELEVANCE OF PROPOSED RESEARCH TO ALZHEIMER DISEASE OR RELATED DEMENTIAS

*State briefly and concisely how the proposed research is relevant to determining the cause of or to developing a treatment for Alzheimer’s disease & related dementias.*

**BIOGRAPHICAL SKETCH:** *Give the following information for the applicant and supervisor. Begin with the applicant.*

APPLICANT

Name Position Title

EDUCATION: *Begin with baccalaureate or other initial professional education and include postdoctoral training.*

Institution and Location Degree Year Conferred Field of Study

RESEARCH AND PROFESSIONAL EXPERIENCE: *List in chronological order previous employment, experience, and honors.*

PUBLICATIONS: *List in chronological order the titles and complete references of publications in refereed journals during the past three years and to representative early publications pertinent to this application. Do not exceed two pages including this page.*

**BIOGRAPHICAL SKETCH:**

SUPERVISOR

Name Position Title

EDUCATION: *Begin with baccalaureate or other initial professional education and include postdoctoral training.*

Institution and Location Degree Year Conferred Field of Study

RESEARCH AND PROFESSIONAL EXPERIENCE: *List in chronological order previous employment, experience, and honors.*

PUBLICATIONS: *List in chronological order the titles and complete references of publications in refereed journals during the past three years and to representative early publications pertinent to this application. Do not exceed two pages including this page.*

DECLARATION OF PAST AND PRESENT SUPPORT. *If other supports have been awarded, indicate the periods of such supports, research topics, names of host institutions, names of supervisors, and names of funding agencies.*

**STATEMENT REGARDING PROPRIETARY INTERESTS OF THE LABORATORY**

**HUMAN SUBJECTS:**

Will experiments be performed with human subjects?

\_\_\_ Yes

\_\_\_ No

Does the experimental protocol have the approval of a commission regarding experimental subjects?

\_\_\_ Yes Approval Date:\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Pending

**LABORATORY ANIMALS:**

Will experiments be performed with laboratory animals?

\_\_\_ Yes Which species?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ No

Does your application have the approval of a committee regarding experimental animals?

\_\_\_ Yes Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Pending

**BIOHAZARDS:**

Will experiments involve procedures, situations or materials that may be hazardous to personnel?

\_\_\_ Yes

\_\_\_ No

If yes, describe briefly:

Are the necessary facilities and permits available?

**DETAILED BUDGET:**

|  |  |
| --- | --- |
| DURATION OF TRAINING COURSEDays/ planned date |  |
| COMPENSATION COSTS  |  |
| **TOTAL:** |  |

**CERTIFICATION OF FUNDING OVERLAP:**

I am presently receiving funding from:

I am awaiting notification from:

I hereby certify that the pending award from FVA does not overlap with any current or pending research work funded by other granting organizations.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

I hereby certify that the pending award from FVA does overlap with current or pending research work funded by other granting organizations explained as follows:

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_