



**Memorial Healthcare System  
Sickle Cell Disease Research and Educational Symposium  
Grants Writing Institute Application 2008**

**APPLICANT'S NAME: LAST FIRST MI**

**I. CURRENT POSITION**

**TITLE** \_\_\_\_\_ **INSTITUTION** \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

**Office Telephone:** \_\_\_\_\_ **Office Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Area of Specialty or Research Focus:** \_\_\_\_\_

**Time Commitments (total duties should add up to 100%)**

**Clinical Care** \_\_\_\_\_ % time    **Patient Population:**     **Children**     **Adolescent**     **Adult**

**Clinical Research** \_\_\_\_\_ % time

**Basic Research** \_\_\_\_\_ % time

**Administrator** \_\_\_\_\_ % time

**Other duties** \_\_\_\_\_ % time

**II. EDUCATION AND TRAINING**

**Undergraduate Institution and Location** \_\_\_\_\_ **Year Completed** \_\_\_\_\_ **Field of Study** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**Graduate Institution and Location** \_\_\_\_\_ **Year Completed** \_\_\_\_\_ **Field of Study** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**Postgraduate Institution and Location** \_\_\_\_\_ **Year Completed** \_\_\_\_\_ **Field of Study** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**Terminal Degree(s) Earned:**     **BS**     **MS**     **MPH**     **MD**     **DO**     **PhD**     **Other** \_\_\_\_\_

**III. TYPE OF GRANT APPLICATION**     **K99/R00**     **K01**     **K08**     **R21**     **R01**     **R40**     **Other**

**Title of Grant Application:** \_\_\_\_\_

**For K Awards, do you have a Faculty Mentor?**     **YES**     **NO**    **Name of Faculty Mentor:** \_\_\_\_\_

**IV. ORAL PRESENTATION AT 2<sup>ND</sup> ANNUAL SYPOSIUM**

**Request Abstract to be reviewed for oral presentation at the 2<sup>nd</sup> Annual Symposium?**     **YES**     **NO**

**Have you presented your research at a national meeting in the past?**     **YES**     **NO**

**APPLICANT'S NAME: LAST**

**FIRST**

**MI**

**ABSTRACT**

APPLICANT'S NAME: LAST

FIRST

MI

RESEARCH FOCUS & CAREER PLAN

SCHOLARSHIP AWARD REQUEST

Please list the special circumstances for which funding assistance is being requested for the 2008 GWI.

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*Scholarship Determination:* Scholarship requests will be reviewed and offered by the Memorial Healthcare System's internal financial review board. You will be notified of the outcome of your request by **December 1, 2007**. Full tuition is due by **December 31, 2007**.