



APPLICATION FOR THE  
**2019 LIVER SCHOLAR AWARD**

**APPLICANT NAME:**

**SPONSORING INSTITUTION:**

**PROJECT TITLE:**

**PROJECT TOPIC:**

**APPLICATION FOR THE  
2019 LIVER SCHOLAR AWARD**

**APPLICANT INFORMATION**

Applicant (last, first, middle initial)

Project Title

Degree(s) and year(s) granted

Current Position

Appointment Date (month & year)

Mailing Address (street, city, state, zip)

Telephone

Fax

Email

Sponsoring Institution

Mentor (last, first, middle initial)

Address (street, city, state, zip)

Telephone

Fax

Email

Institution's Grants Administrator

Date

Grants Administrator's Address

Grants Administrator's Phone

Grants Administrator's Fax

Grants Administrator's Email

Institution Fiscal Officer, if different (please print)

**REQUIRED SIGNATURES**

We have read and agree to the specific terms of the Liver Scholar Award. We attest that the applicant meets all eligibility criteria. Our signatures below indicate that the information in this application is accurate to the best of our knowledge. We attest that the applicant wrote the application to the best of his/her ability. The application was not primary investigator's grant, or that a member of the applicant's lab wrote the application. We understand that funding of the Liver Scholar Award does not allow for any additional or indirect costs, benefits, fringe, travel, or technical support/laboratory supplies.

Signature of Applicant

Name

Date

Signature of Mentor

Name

Date

Signature of Department Chair

Name

Date

Signature of Grants Administrator

Name

Date

**LAY SUMMARY**

In the box below, provide a lay summary of your research project that describes how it is applicable to human liver disease.

**ABSTRACT OF PROPOSED RESEARCH**

In the box below, briefly describe the research project, technical approach and anticipated results.

**RESEARCH INFORMATION**

Current Percent Effort:

\_\_\_\_\_ Research  
\_\_\_\_\_ Administration  
\_\_\_\_\_ Clinical Activities  
\_\_\_\_\_ Teaching  
100%=Total

Projected Under This Award:

\_\_\_\_\_ Research  
\_\_\_\_\_ Administration  
\_\_\_\_\_ Clinical Activities  
\_\_\_\_\_ Teaching  
100%=Total

**INSTITUTIONAL REVIEW BOARD**

A. Does the proposed study require Institutional Review Board (IRB) approval? Yes\_\_\_\_ No\_\_\_\_

B. If the proposed study requires IRB approval, has the documentation verifying approval been obtained and included in the award application. Yes\_\_\_\_ No\_\_\_\_

If the proposed study has been approved, please provide documentation of verification with your application.

If IRB approval is not necessary or not attached, please state why in the box below:

**ANIMAL EXPERIMENTATION**

A. Does your proposed study involve the care and use of animals? Yes\_\_\_\_ No\_\_\_\_

B. If the proposed study involves the care and use of animals, has the proposed study been approved by the Institutional Animal Care and Use Committee (IACUC) of the applicant's institution and do they follow the National Institutes of Health (NIH) Guidelines on the care and use of laboratory animals? Yes\_\_\_\_ No\_\_\_\_

C. If the proposed study requires (IACUC) approval, has the documentation verifying approval been obtained and included in the award application? Yes\_\_\_\_ No\_\_\_\_

If the proposed study involves the care and use of animals, and has been approved by the Institutional Animal Care and Use Committee, please provide documentation of verification with your application.

If approval by the Animal Care and Use Committee of the applicant's institution is not necessary or not attached, please state why in the box below: