



APPLICATION FOR THE
2019 POSTDOCTORAL RESEARCH FELLOWSHIP AWARD

APPLICANT NAME:

SPONSORING INSTITUTION:

PROJECT TITLE:

PROJECT TOPIC:

**APPLICATION FOR THE
2019 POSTDOCTORAL RESEARCH FELLOWSHIP AWARD**

APPLICANT INFORMATION

Applicant (last, first, middle initial)

Project Title

Degree(s) and year(s) granted

Current Position

Start Date (month and year) of initial post-doctoral research position

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

REQUIRED SIGNATURES

NOTE: The following is to be completed by a representative of the sponsoring institution who is authorized to certify the information below:

Effective dates of current fellowship (can be NIH based or a non federal fellowship).

*Example: 01Jul2017 – 30Jun2019

Amount of current fellowship stipend (if there is no stipend but salary provided from applicant’s institution, note below).

*Example: \$47,250.93

Source of stipend (source may be the NIH; applicant’s Institution, a non-federal foundation, etc.)

Expected stipend amount for July 1, 2019 – June 30, 2020

*Example: 48,250.93

Source of expected stipend (may or may not be different from current stipend)

List all sources of funding for which applications have been made_____

Signature

Date

Title

We have read and agree to the specific terms of the Postdoctoral Research Fellowship 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 abstracted from a primary investigator’s grant, or that a member of the applicant’s lab wrote the application. We understand that funding of the Postdoctoral Research Fellowship Award will be paid directly to the applicant.

Signature of Applicant

Name

Date

Signature of Mentor

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
_____ Training
_____ Clinical Activities
_____ Teaching
100%=Total

Projected Under This Award:

_____ Research
_____ Training
_____ 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: