



## APPLICATION FORM FOR ISSWSH RESEARCH GRANT

Name (Last, First, MI): \_\_\_\_\_  
Last First MI.

Undergraduate/Graduate/Medical Student      Dollar Amount Requested: \$ \_\_\_\_\_  
 Resident/Post-Doctoral Fellow                      (Maximum \$7,500)

Research Title: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Faculty Mentor: \_\_\_\_\_

APPLICATION CHECKLIST (Completed applications include)
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- Application Form for ISSWSH Research Grant
- Detailed proposal of the research question (*Two-page required for undergraduate, medical school and/or graduate level students, Four-page required for residents or post-doctoral fellows*) including:
  - Specific Aims and Hypotheses: Address the aims of the research and scope of the grant.
  - Background & Preliminary Data: Describe the background of the problem being addressed and include any data supporting your hypothesis or the feasibility of the proposed experiment.
  - Experimental Design: Outline the proposed investigation including expected results, potential problems, and alternative approaches that may be encountered.
  - Significance: Describe the significance of the project and its impact to the field of women's sexual health.
  - Timeline: Include an estimated time to complete the proposed study.
- Budget (cannot include overhead or indirect costs)
- One-page career development plan addressing prior research experience, as well as research interests and career goals related to future endeavors in women's sexual health
- A two-page CV highlighting relevant contributions in women's sexual health
- Letter of support from a faculty mentor (must be an ISSWSH member)
- Two additional letters of recommendation.

PERSONAL INFORMATION
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Current Address			
Street			
City	ST/PR	ZIP/Postal Code	Country
Primary Phone:		Alt. Phone:	
Email Address (required):			
Permanent Address (If different than above)			
Street			
City	ST/PR	ZIP/Postal Code	Country
Other Information			
Date of Birth:	Place of Birth:	Citizenship:	

If you require additional space, please attach supplementary pages. PLEASE TYPE OR PRINT CLEARLY USING BLUE OR BLACK INK



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EDUCATION AND TRAINING	
<i>Please fill in the blanks for each level of education you have completed or in which you are currently enrolled. Enrolled students, please indicate "anticipated" in "degree" and "Date of Completion" spaces.</i>	
<b>Undergraduate College/University</b>	
Institution	
Address	
Degree	Date of Completion
<b>Post-graduate Education #1</b> <i>(Medical school, professional school, graduate school, etc.)</i>	
Institution	
Address	
Degree	Date of Completion
<b>Post-graduate Education #2</b> <i>(Medical school, professional school, graduate school, etc.)</i>	
Institution	
Address	
Degree	Date of Completion
<b>Internships/Residencies/ Fellowships #1</b>	
Institution	
Address	
Specialty	Date of Completion
<b>Internships/Residencies/ Fellowships #2</b>	
School	
Address	
Specialty	Date of Completion

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OTHER FUNDING  Yes  No

Please list any other sources of funding, indicate status (funded, under review, etc.):

### ATTESTATION

By my signature, I certify that all statements made on this application are accurate and correct to the best of my knowledge. I authorize the ISSWSH Research Grants Committee or its' designee to contact any of the individuals and institutions listed above to verify the information included in this application. Personal information provided will only be used in relation to this application and will not be shared outside the Committee or its' designee. I understand that falsification or misrepresentation of any article on this application will be grounds for dismissal of the application.

Signature

Date

Electronic Signature: By checking this box, I acknowledge that the above digital signature serves as an official signature of authentication for all claims and information included in this form.

### EVALUTION

This application will be reviewed and scored by the ISSWSH Research Grants Committee using the following criteria:

- Overall Impact/Scientific Merit
- Candidate Training/Experience
- Mentor Expertise/Engagement
- Environment & Institutional Support/Commitment
- Research Plan
- Feasibility of Study

### SEND COMPLETED APPLICATIONS TO:

**To submit send completed application to:**

ISSWSH Executive Office  
14305 Southcross Dr., Suite 100  
Burnsville, MN 55044

**To submit via Email, send application and all attachments in a single PDF document to:**  
[info@isswsh.org](mailto:info@isswsh.org) (Please indicate your name and research grant application in the subject line)

If you require additional space, please attach supplementary pages. PLEASE TYPE OR PRINT CLEARLY USING BLUE OR BLACK INK