



## APPLICATION FORM FOR ISSWSH RESEARCH GRANT (rev 7/2017)

Please complete the following application form. If you require additional space, please attach supplementary pages.

**PLEASE TYPE OR PRINT CLEARLY USING BLUE OR BLACK INK.**

### PERSONAL INFORMATION

Name				
	Last	First	Middle	
Current Address	Street Address			
	City	State/Province	Zip	Country
Current Primary Phone #				
Alternate Phone/Pager #				
E-mail address (required)				
Permanent Address <i>(if different from current address)</i>	Street Address			
	City	State/Province	Zip	Country
Date of Birth				
Place of Birth				
Citizenship				
Visa (if applicable)				
SSN # (if applicable):				
For which ISSWSH grant award are you applying?	<input type="checkbox"/>	Undergraduate/Graduate/ Medical Student		
	<input type="checkbox"/>	Resident/Post-Doctoral Fellow		
Dollar amount requested to support research:				\$7,500 Maximum Undergraduate/Graduate/Medical Student/Resident/Post-Doctoral Fellow



Award Term:	<input type="checkbox"/>	June 1, 2018 – May 31, 2019
	<input type="checkbox"/>	Other
	If you selected "Other" above, please indicate the Award Term you are proposing:	

**EDUCATION AND TRAINING**

*Please fill in the blanks for each level of education you have completed or in which you are currently enrolled. If you are currently enrolled, please include your anticipated degree and date of graduation with the word "anticipated" in the appropriate space. Attach extra pages as needed)*

Undergraduate College/University				
	Name of School			
	Street Address			
	City	State/Province	Zip	Country
Degree/Date of Graduation				
Post-graduate Education #1 <i>(Medical school, professional school, graduate school, etc)</i>				
	Name of School			
	Street Address			
	City	State/Province	Zip	Country
Degree/Date of Graduation				
Post-graduate Education #2 <i>(Medical school, professional school, graduate school, etc)</i>				
	Name of School			



	Street Address			
	City	State/Province	Zip	Country
Degree/Date of Graduation				
Internships/Residencies/ Fellowships/Etc #1				
	Name and Type of School/Program			
	Street Address			
	City	State/Province	Zip	Country
Date of Graduation				
Internships/Residencies/ Fellowships/Etc #2				
	Name of School/Program			
	Street Address			
	City	State/Province	Zip	Country
Date of Graduation				
<b>HONORS AND AWARDS</b>				
High School				



College	
Graduate School	

**RESEARCH EXPERIENCE**

*Please describe relevant research experience. You may cite publications here or refer to your CV. Attach supplementary pages as needed.*

[Empty space for describing research experience]

**LETTERS OF RECOMMENDATION**

Please list name, address, and telephone number of 3 individuals from whom you have requested letters of recommendation. ***One must be from a faculty mentor that is an ISSWSH member.***

- 1.
- 2.
- 3.



<b>OTHER FUNDING</b>	
Has this project been funded by any other organization or is it currently under review? If the answer is yes, please list the funding agencies below and indicate the status (funded, under review).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application Process and Instructions:

The following items must be received before your application will be reviewed:

1. Application Form
2. A Research Project Abstract (half-page limit), summarizing the background, key objectives, and potential impact of the project.
3. A Research Proposal divided into these sections:
  - A. Specific Aims and Hypotheses: Address the aims of the research and scope of the grant.
  - B. 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.
  - C. Experimental Design: Outline the proposed investigation including expected results, potential problems, and alternative approaches that may be encountered.
  - D. Significance: Describe the significance of the project and its impact to the field of women's sexual health.
  - E. Timeline: Include an estimated time to complete the proposed study.

*\*\*\*Undergraduate or medical school-level students should submit a 2-page research proposal, while graduate students, residents or post-doctoral fellows should submit a 4-page research proposal. The research proposal must address items A-E above. Use Arial or Times New Roman font in 11-point format. Page limits exclude references.\*\*\**
4. A one-page, detailed and itemized Budget. Please note that salary and travel costs are ineligible costs.



4. A 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.

5. A two-page CV highlighting relevant contributions in women's sexual health.

6. A Letter of Support from a faculty mentor who is an ISSWSH member, and two additional Letters of Recommendation.

**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 Grant Committee or its' designee to contact any and all of the individuals and institutions listed above. Any and all institutions and individuals listed above may release personal information germane to this application to the ISSWSH Research Grant Committee. I understand that falsification or misrepresentation of any article on this application will be grounds for dismissal of the application.

<b>Signature</b>	<b>Date</b>
<b>Printed Name</b>	

Completed applications should be sent by email to: *info@isswsh.org*.

**ISSWSH Executive Office**  
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E: info@isswsh.org