



## APPLICATION FORM FOR ISSWSH RESEARCH GRANT (rev 1/2016)

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			
	City	State/Province	Zip	Country
Current Primary Phone #	( )			
Alternate Phone/Pager #				
E-mail address (required)				
Permanent Address (if different from current address)	Street			
	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?	Undergraduate/Graduate/Medical Student			
	Resident/Post-Doctoral Fellow			
Dollar amount requested to support research:	\$5,000 - Undergraduate/Graduate/Medical Student/Resident/Post-Doctoral Fellow			

## 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			
	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			
	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			
	City	State/Province	Zip	Country
Degree/Date of Graduation				

Internships/Residencies/ Fellowships/Etc #1				
	Name and Type of School/Program			
	Street			
	City	State/Province	Zip	Country
Date of Graduation				
Internships/Residencies/ Fellowships/Etc #2				
	Name of School/Program			
	Street			
	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

## 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.



Do you have any condition that may limit your ability to fully utilize this fellowship opportunity? If so, please explain on a separate page.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Application Process and Instructions:**

1. Complete the online application form at [www.isswsh.org](http://www.isswsh.org)
2. Research project description divided into these sections:
  - A. Specific Aims and Hypotheses - address the aims of the research and scope of grant.
  - B. Background – Describe the background of the problem being addressed.
  - C. Preliminary data – Any data supporting your hypothesis or the feasibility of the proposed experiments.
  - D. Experimental design - Outline the proposed investigation including expected results, potential problems and alternatives that may be encountered.
  - E. Significance – Describe the significance of the project and its impact to the field of women’s sexual health.
  - F. Timeline – Include an estimated time to complete the proposed study.

Include an estimated Undergraduate, medical school and/or graduate level students should submit a 4-page proposal while a resident or post-doctoral fellow should submit a 6 page proposal. Arial font in 12-point format is recommended and the page limits exclude references.

3. One-page career development plan to address prior research experience, as well as research interests and career goals related to future endeavors in women's sexual health.
4. A two-page CV highlighting relevant contributions in women’s sexual health.

**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 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 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 or fax to:

Attention ISSWSH RESEARCH GRANT

**ISSWSH Executive Office**

PO Box 1233

Lakeville, MN 55044

P: (952) 683 9025

F: (612) 808 0491

E: [info@isswsh.org](mailto:info@isswsh.org)