

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

Please complete the following appli pages. PLEASE TY	cation form. I 'PE OR PRIN	f you require a T CLEARLY (ndditional space, j JSING BLUE OR	please attach s BLACK INK	supplementary
PERSONAL INFORMATION					
Name					
	Last		First		Middle
Current Address	Street				
	City		State/Provinc	ce Zip	Country
Current Primary Phone #	()				
Alternate Phone/Pager #					
E-mail address (required)					
Permanent Address (if different from current address)	s)				
	City	Sta	te/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		
	1				
Dollar amount requested to support research:			nte/Graduate/M st-Doctoral Fel		ent/



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)

Name of School					
Street					
City	State/Province	Zip	Country		
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2							
International Society for the Study of Women's Sexual Health, Inc.							
	Internships/Residencies/ Fellowships/Etc #1	Name and Type of School/Program					
		Street					
				·			
		City	State/Province	Zip	Country		
	Date of Graduation						
	Internships/Residencies/	Name of School/Program					
	Fellowships/Etc #2	Street					
		City	State/Province	Zip	Country		
	Date of Graduation						
	HONORS AND AWARDS						
	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

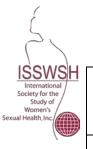
LETTERS OF RECOMMENDATION

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.

□ Yes

Application Process and Instructions:

- 1. Complete the online application form at 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 12point 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.

ISSWSH International Society for the Study of Women's Sexual Health, Inc		
Sexual Health, Inc.		
	Signature	Date
	Printed Name	

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