



FERDINAND C. VALENTINE MEDICAL STUDENT RESEARCH GRANTS IN UROLOGY

APPLICATION INSTRUCTIONS

Up to four \$3,500 grants for students pursuing research projects in urology will be awarded to MD candidates attending medical school or conducting research in the greater New York area. MD/PhD students are not eligible. The grants typically support 10-12 week cardiovascular research projects initiated during the summer between the first and second years of medical school, but medical school students in any year of their education may apply. Students are encouraged to pursue research projects that extend beyond this startup period. Applications must be typewritten and the submitted materials must include the following:

1. Completed Application Cover Page (below).
2. Research proposal not to exceed 1 page which should include project title, applicant's name, faculty mentor's name, and research site. The font used should be Arial with a minimum 11 point type size.
3. Biographical sketch of student, including research background, career goals and immediate goals for the research project.
4. Signed letter of support from faculty mentor, including the role of the student, a plan for the mentor's direct supervision of the student's research activities, and a plan for the student's career development. Mentors are discouraged from sponsoring more than one student per award cycle.
5. NIH biosketch of faculty mentor.
(Sample at <http://grants.nih.gov/grants/funding/phs398/biosketchsample.doc>)
6. Listing of the laboratory's current sources of grant support.
7. Documentation of mentor's IRB or IACUC protocol approval or submission (*if applicable*) or waiver. The complete protocol is not required, only the appropriate approval or submission cover page. Approvals for pending protocols must be in place by the start of the grant. In the case of animal research, include a copy of the institution's current HHS Animal Welfare Assurance approval or renewal letter, or a letter from the institution's research administration office affirming that the animal facility complies with all federal standards and has been so certified.
8. Completed and Signed Signature Pages 1 and 2 (below).

SUBMISSION – The required items requested above should be submitted (*in the order in which they are listed*) in both the following forms:

1 - Email of the combined required materials (including signatures on all requested letters and documents) as a single PDF document to valentine@nyam.org.

2 - Mail eight (8) hard copy originals (of the complete application materials) to the address below.

- Both versions must be received by the deadline. -

Please note that applications must contain all required materials or they will not be considered.

Application deadline: February 2, 2009

Valentine Medical Student Research Grants
Office of Medical and Academic Affairs
The New York Academy of Medicine
1216 Fifth Avenue
New York, NY 10029-5202

Tel: 212-822-7204 Fax: 212-822-7338 e-mail: valentine@nyam.org



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SIGNATURE PAGE #1

1. Are you a US Citizen or Permanent Resident of the US? Yes No

2. If you are not a US Citizen or Permanent Resident of the US, are you authorized to work in the US for the period of time covered by this proposed award? Yes No (If YES, you must include a copy of your authorization documentation behind this signature page for this application to be considered)

Please Note: To be eligible for this program, you must answer YES to either question 1 or 2 above.

3. Does your project require IRB or IACUC approval? Yes No

If NO, please include the IRB or IACUC Waiver from your institutions Internal Review Board in Section #7 of your application materials.

4. If you answered YES to question 3, do you currently have IRB or IACUC approval? Yes No

If YES, please include your IRB or IACUC approval in Section #7 of your application materials.

(The complete protocol is not required, only the approval cover page)

5. If you answered NO to question 4, have you submitted for IRB or IACUC approval? Yes No

If YES, please include proof of your IRB or IACUC submission in Section #7 of your application materials.

(The complete protocol is not required, only the submission cover page)

6. If NO, please note by what date you plan to submit for IRB or IACUC approval:

Please Note: Projects without IRB or IACUC approval (or Waiver from your institutions Internal Review Board) at the time of award, will not be funded (or considered awarded) until such documentation is provided.

I agree to accept responsibility for the scientific conduct of the project and to provide the required progress report if an award is granted as a result of this application. I further certify that the statements herein are true and complete to the best of my knowledge.

Applicant's Signature

Date

Faculty Mentor's Signature

Date

