

**Samuel and Althea Stroum Endowed Graduate Fellowship Award Application**

**COVER PAGE**

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| **APPLICANT INFORMATION** | |
| **Student’s Name:** | |
| **Degree Granting Program (if applicable):** | |
| **Date General Exam was passed (or will be taken):** | |
| **Department:** | **Division:** |
| **Email:** | **Telephone:** |

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| **Dissertation Supervisory Committee Chair:** | |
| **Academic Title:** | |
| **Degree(s):** | |
| **Department:** | **Division:** |

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| **PROJECT INFORMATION** |
| **Title of Project:** |

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| --- | --- | --- |
| **Research involving Human Subjects:** | **Yes** | **No** |
| \*If yes, UW Approval #: |  | |
| IRB Inclusive Dates: |  | |

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| --- | --- | --- | --- |
| **Research involving Vertebrate Animals:** | **Yes** | **No** | |
| If yes, species: |  | | |
| UW Approval #: |  | | |
| Approval Dates: |  | | |
| \*IACUC Approval Signature: | | | Date: |

\*NOTE: DRC uses the Just in Time method for all approvals. Requested information and/or signature(s) is required before funding can be awarded.

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| **SIGNATURES** | | |
| Student’s Name: | Student’s Signature: | Date: |
|  |  |  |
| Dissertation Supervisory Committee Chair Name: | Dissertation Supervisory Committee Chair Signature: | Date: |
|  |  |  |
| Department Chair/Division Head Name: | Department Chair/Division Head Signature: | Date: |
|  |  |  |

**PROJECT SUMMARY/ABSTRACT** In the space below, summarize the proposed research including the aims, rationale and approach to be taken. Indicate which DRC core facilities will be used.

(Limit to 30 lines of text)

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OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | START DATE  MM/YYYY | END DATE MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**

**SPONSOR’S STATEMENT**

**OTHER SUPPORT**

**RESEARCH PLAN** *(2-page limit for sections A-E)*

**A. Goals.**

**B. Specific Aims.**

**C. Significance.**

**D. Preliminary Studies and Specific Background Information.**

**E. Experimental Design and Methods.**

**F. HUMAN SUBJECTS**

**Section A**

Are Human Subjects Involved?  Yes  No

**If Yes to Human Subjects, proceed to Section B.**

**If No to Human Subjects:**

Does the proposed research involve human specimens and/or data?  Yes  No

If Yes, below provide an explanation of why the application does not involve human subjects research.

This justification should include:

* information on who is providing the data/biological specimens and their role in the proposed research;
* a description of the identifiers that will be associated with the human specimens and data;
* a list of who has access to subjects' identities; and
* information about the manner in which the privacy of research participants and confidentiality of data will be protected.

**Section B**

**\*** required field

Part 1 - Basic Information

* 1. \* Is this Study Exempt from Federal Regulations?  Yes  No
  2. Exemption Number  1  2  3  4  5  6  7  8
  3. \* Clinical Trial Questionnaire:

If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.

* + 1. Does the study involve human participants?

Yes  No

* + 1. Are the participants prospectively assigned to an intervention?

Yes  No

* + 1. Is the study designed to evaluate the effect of the intervention on the participants?

Yes  No

* + 1. Is the effect that will be evaluated a health-related biomedical or behavioral outcome?

Yes  No

* 1. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable.

Part 2 - Enrollment Information

**\*** required field

* 1. \* Using an Existing Dataset or Resource?  Yes  No
  2. Enrollment Location Type  Domestic  Foreign
  3. Enrollment Countries:
  4. Planned Enrollment Table

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| **Racial Categories** | **Ethnic Categories** | | | | |
| Not Hispanic or Latino | | Hispanic or Latino | | **Total** |
| **Female** | **Male** | **Female** | **Male** |  |
| American Indian / Alaska Native |  |  |  |  |  |
| Asian |  |  |  |  |  |
| Native Hawaiian or  Other Pacific Islander |  |  |  |  |  |
| Black or African American |  |  |  |  |  |
| White |  |  |  |  |  |
| More than One Race |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**G. VERTEBRATE ANIMALS**

**1. Description of procedures**

**2. Justifications**

**3. Minimization of pain and distress**

**4. Are vertebrate animals euthanized?**

**Yes  No**

**If yes, is method consistent with American Veterinary Medical Association (AVMA) guidelines?**

**Yes  No**

**H. CONSULTANTS/COLLABORATORS**

**I. LITERATURE CITED**