The goal of the Student Technology Fund Center for Human Neuroscience grant program is to support independent student imaging research at UW. This can include dissertation work and undergraduate theses. This project application form will be used to assess your project and find areas where you may need additional guidance. If you have any questions, please contact us at [chnadmin@uw.edu](mailto:chnadmin@uw.edu).

**To submit this form email it to chnadmin@uw.edu**

## Project Title:

# SECTION 1: INVESTIGATORS

**Student Investigators** (at least one required)

Name:

Student status: [PhD | MA | Undergrad]:

Expected graduation date:

Program of study:

Email:

UW ID:

Telephone #:

Signature:

Name:

Student status: [PhD | MA | Undergrad]:

Expected graduation date:

Program of study:

Email:

UW ID:

Telephone #:

Signature:Name:

Student status: [PhD | MA | Undergrad]:

Expected graduation date:

Program of study:

Email:

UW ID:

Telephone #:

Signature:

Name:

Student status: [PhD | MA | Undergrad]:

Expected graduation date:

Program of study:

Email:

UW ID:

Telephone #:

Signature:

**Advising Principal Investigator** (required)

Name:

Title:

Address/UW Box #:

Department or Affiliation:

Email:

Telephone #:

Mentoring role (~100 words):

Signature of Advising Principal Investigator:

(or have the Advising PI email [ionefine@uw.edu](mailto:ionefine@uw.edu) saying they approve of the submission)

## Additional Mentors

Everyone who you expect will provide significant support for your project. (List more if needed.)

Name:

Position:

Department or Affiliation:

Mentoring role (~100 words):

Name:

Position:

Department or Affiliation:

Mentoring role (~100 words):

Name:

Position:

Department or Affiliation:

Mentoring role (~100 words):

# SECTION 2: STUDY DESCRIPTION

This application form is designed for traditional research studies. *We recommend basing your study design and application on one of our example STF-CHN applications.*

As there is a great deal of flexibility in how STF funds can be used, applications not fitting a typical model are also welcome. If your project doesn’t seem to fit into the outline below, contact one of the CHN Directors ([chnadmin@uw.edu](mailto:chnadmin@uw.edu)) to discuss eligibility and receive guidance on how to apply.

**Abstract** (max 300 words). Describe your hypothesis:

**Participant Group** (max 200 words) Describe your study participants including how many you expect to scan and how they will be recruited:

**Data to be Collected** [Anatomical (e.g. T1w/T2w) | fMRI (brain neural responses) | DWI (white matter brain connections) | Other]:

If you selected fMRI, please describe what the participant will be doing in the MRI scanner (max 300 words). We encourage attaching a graphic of the protocol (see examples). As fMRI always requires comparisons between at least two conditions, be specific about how comparisons will be made. Include timing information that is as accurate as possible (e.g. how many runs of fMRI data and how long each run is, plus anatomical/DWI scans), you should plan on a max of 50min of actual scans per hour of scanner time. If fMRI is new to you, we suggest reading Chapter 9 of [*functional Magnetic Resonance Imaging*](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwi-ipGl3v7vAhWVr54KHWd3CfUQFjACegQIAxAD&url=https%3A%2F%2Ftsesenhin.files.wordpress.com%2F2014%2F10%2Fscott_a-_huettel_allen_w-_song_gregory_mccarthybooksee-org.pdf&usg=AOvVaw152MtM70zMWA3xK5byN-zi) before completing this section.

**Analysis** (max 300 words) Describe what you will look for in the brain and how your data might support/refute your hypothesis:

(If you know which software you plan to use to analyze your data, please list it and your level of experience/anyone who will support you with that software.)

**Dissemination** (max 100 words) Describe plans for sharing your findings with the scientific community (e.g. paper or poster presentations):

# SECTION 3: MILESTONES

All the following milestones are required. Additional critical milestones should be included.

|  |  |  |  |
| --- | --- | --- | --- |
| Milestone | Current status | Mentor support availability date | Expected completion date |
| IRB approvala |  |  |  |
| Project plan developmentb |  |  |  |
| Stimulus generationc |  |  |  |
| Piloting & protocol developmentd |  |  |  |
| Participant recruitment |  |  |  |
| Participant scanning |  |  |  |
| Data analysis |  |  |  |

a Minimum of 60 days unless IRB approval has been obtained or is pending. b Includes stimulus, protocol & analysis. c For fMRI only. d Minimum of 2 weeks.

# SECTION 4: OTHER FUNDING

Please provide an up-to-date NIH/NSF Other Support document for your Advising PI. If there is potential overlap between Advising PI funded support and STF funding please explain why this project cannot be supported by PI funds.

ACKNOWLEDGEMENTS

I understand that the phrase *"Funded by the UW Center for Human Neuroscience and the UW Student Technology Fee"* and/or the STF and CHN logos must appear as acknowledgements on posters, papers, web pages, social media posts, and any other materials advertising or referencing this project.

FINAL REPORT

I understand that after the completion of the project I will be sent a final report/survey and that continued block grant funding for future students is dependent on completing this report promptly.

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FOR OFFICE USE ONLY

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, For the Review Committee