

2019 APPLICATION FOR GW/KATZEN PILOT AWARD

BIOGRAPHICAL INFORMATION

First Name, Last name, Degree(s) _____

_____ Academic Title Department _____

_____ School _____

Citizenship Status

- U.S. citizen or noncitizen national
- Permanent resident of U.S.

Year last degree conferred: _____ Year of first independent position: _____

Verification of Applicant Eligibility by Department Chair *(Applicants must be salaried George Washington University faculty with appropriate committed research facilities, and may not have competitive GW funding active at the start date of the proposed grant funding.)*

Name of Department Chair _____

Signature _____ Date: _____

Education

Degree/year conferred	Institution/Location	Field of study

Training

Title	Mentor	Institution/Location	Dates

First Name, Last name, Degree(s) _____

Appointments		
Title	Institution/Location	Dates

Other Research Support:

Publications (Most recent – limited to this space only)

BIOGRAPHICAL INFORMATION (Co-PI, IF Applicable)

First Name, Last name, Degree(s) _____

_____ Academic Title Department _____

_____ School _____

Citizenship Status

- U.S. citizen or noncitizen national
- Permanent resident of U.S.

Year last degree conferred: _____ Year of first independent position: _____

Verification of Applicant Eligibility by Department Chair *(Applicants must be salaried Medical Faculty Associates clinician, and may not have competitive GW funding active at the start date of the proposed grant funding.)*

Name of Department Chair _____

Signature _____ Date: _____

Education

Degree/year conferred	Institution/Location	Field of study

Training

Title	Mentor	Institution/Location	Dates

First Name, Last name, Degree(s) _____

Appointments

Title	Institution/Location	Dates

Other Research Support:

Publications (Most recent – limited to this space only)

PROJECT TITLE:

DESCRIPTION OF RESEARCH PROPOSED:

PROJECT TITLE _____

TOTAL AMOUNT REQUESTED: _____

BUDGET PROPOSED:

A. Personnel

B. Computer Hardware or Software

C. Consumable Research Supplies

D. Equipment

E. Miscellaneous

BUDGET JUSTIFICATION:



GW/Katzen Pilot Award – 2019 Cancer Research Promotion Form

If your application for a GW/Katzen Award is funded, we would like to announce your success. The following information will be used to determine your interest in working with the us to promote your grant and/or research to the media and the general public. Thank you for your cooperation.

PI

Name Department

Phone Number Campus Address, Street, Zip Email address

Co-PI (if applicable)

Name Department

Phone Number Campus Address, Street, Zip Email address

Please indicate your response to the following questions:

1. The GW Cancer Center would like to distribute a news release to local media announcing your grant. Please list newspapers, newsletters, alumni publications, or other publications you would recommend to receive the release.

2. Are you willing to discuss your project(s) with the media?

yes no n/a

3. Would you assist the GW Cancer Center by speaking at Center-sponsored events, for example, fundraising, professional or public education, Board or committee meetings?

yes no

4. Would you assist the GW Cancer Center by serving as an expert in your research or professional field and/or as a member of a speaker’s bureau?

yes no

5. If there are other ways you would like to assist the GW Cancer, please list here:

Signature Date

Signature Date

2019 APPROVAL CHECKLIST

<i>Required Forms or Pages</i>	<i>Proposal Page</i>	<i>Required Form/Page Received (For Office Use)</i>
		YES or NO
Researcher's Biographical Information		
Researcher's Appointments, Other Research Form		
Research Plan		
Title of Project		
Objective/s		
Background and Significance		
Specific Aims of the Project		
Methods		
Selection of Publications/Literature		
Description of Research Facilities		
Describe Cancer Relevance of Project		
Budget Proposed		
Attachment I- Research Promotion Form		
Attachment II - Approval Checklist		
1 copy of Original Proposal submitted		

Name and Signature of Faculty **Date**

Name and Signature of Faculty's Chair **Date**

FORMATTING THE APPLICATION

- Single spaced, one sided, with a maximum of 0.5 inch margins. Space between paragraphs is recommended. Use 12 point Times New Roman or 11 point Arial as the minimum font size for the text of the application. A 10 point Times New Roman or 9 point Arial font may be used for figures, legends, and tables with fixed spacing that can be photocopied; **DO NOT** reduce line space or reduce by photocopying.
- The application should follow the headings listed in the Application Format section of these guidelines.
- Do **NOT** send supplementary material pertinent to the application unless you have received a specific request from the GW/Katzen Peer Review Committee.
- Submit the **ORIGINAL PLUS One (1) STAPLED COPY** of the complete proposal and letters of support. Letters of Support are encouraged and should be attached at the end of the application.
 - Transmit **ONE ELECTRONIC COPY**, as a single file (Adobe PDF), of the complete proposal to **lschargarodski@mfa.gwu.edu**.