



**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) _____		
<b>Appointments</b>		
Title	Institution/Location	Dates
<b>Other Research Support:</b>		
<b>Publications (Most recent – limited to this space only)</b>		

**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>
		<b>YES or NO</b>
<b>Researcher's Biographical Information</b>		
<b>Researcher's Appointments, Other Research Form</b>		
<b>Research Plan</b>		
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		
<b>Budget Proposed</b>		
<b>Attachment I- Research Promotion Form</b>		
<b>Attachment II - Approval Checklist</b>		
<b>1 copy of Original Proposal submitted</b>		

\_\_\_\_\_  
**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**.