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| **C:\Users\msavaria\Dropbox (Brown)\Flyer\EIDS Logo (1).png**    ***Emerging Infectious Disease Scholars (EIDS)*** | | |
|  | | |
| **Student Applicant** | | |
| Name: | Graduation Year: | Email & Phone: |
| **Faculty Mentor** | | |
| Name: | Department: | |
| Title: | Email: | |
| **Title of Project:** | | |
| Abstract for your research project (150 words or less): | | |
| Previous Funding: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ | If yes, who was previous mentor? | |
| Human Subject: Yes\_\_\_\_\_ No\_\_\_\_\_\_  Approval Date Pending\_\_\_\_  IRB Approval #  **IRB review/approval required to receive funding** | Vertebrate Animals: Yes\_\_\_\_\_ No\_\_\_\_\_\_  Approval Date Pending\_\_\_\_  IACUC Approval # | |
| **Certifications of Effort** | | |
| As the **student researcher**, I certify that all information provided and work to be conducted is my own and original. I have worked with my mentor to develop this project under their guidance. I agree to accept responsibility for the scientific conduct of the project and provide require reports if this application is approved.  **Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| As the **faculty mentor**, I certify that I have worked with the student to develop this application. The research project falls under my guidance while the experiment is separate and will be conducted by the student. The information submitted within this application is true, complete, and accurate to the best of my knowledge, and have reviewed this proposal to ensure its scientific merit and adequacy. I have reviewed and agree to follow the mentorship expectations.  **Mentor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If accepted within the EIDS program, we will ask you to complete an anonymous diversity survey as part of our NIH reporting requirements in the efforts to better support diversity within medical research. | | |

Please submit signed and completed materials to : [alyson\_conroy@brown.edu](file:///C:\Users\aconroy\Downloads\alyson_conroy@brown.edu)

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**Background and Specific Aims** (One single spaced page or less)

**RESEARCH STRATEGY** (Two single spaced pages or less)

1. Significance & Rationale
2. Innovation & Goals
3. Approach & Methodology
4. Research Timeline & Dissemination Plan

**REFERENCES** (no page limit)

**BIOSKETCH & PERSONAL DEVELOPMENT** (One single spaced page or less)

**STUDENT RESPONSBILITIES** (One single spaced page or less)

**Attachments:**

1. Mentor Letter of Support
2. Student CV
3. IRB Approval Letter – IRB review/approval is required to receive funding.