





Please complete the fields below to provide a comprehensive plan for your medical student's participation in your research project.

**B) DESCRIPTION OF PROJECT (150-200 words)**

Provide a description of the research project the medical student will be working on. This should include specific aims, background, location, and all sources of funding.

**C) LENGTH OF PROJECT AND WEEKLY SCHEDULE**

Provide a description of the weekly schedule planned for the medical student's involvement. The medical student's completion of the full-time research plan may span 6 to 12 weeks.

**D) BUDGET**

Identify in a simple budget how the \$5,000 will be utilized.

**APPLICANT SIGNATURE / DATE**

"I certify that the statements in this application are true to the best of my knowledge. I agree that research funds will only be used for the project/purpose stated in my application. Any unused funds will be returned to the Foundation. I hereby agree to provide the final reports to the Foundation within 60 days of the termination of the award."

**SIGNATURE**

**DATE**