



2019 Award Application: Charles & Daneen Stiefel Scholar Award

1. TITLE OF PROJECT (Do not exceed 100 characters)

2a. NAME (Last, First, Middle Initial)	2b. DEGREE(S)	2c. DATE OF BIRTH	2d. GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
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2e. CURRENT POSITION TITLE	2f. CURRENT MAILING ADDRESS
2g. POSITION DURING YEAR OF PROPOSED SUPPORT	

2h. TELEPHONE AND FAX (Area Code, Number and Extension) Tel _____ Fax _____	2i. E-MAIL ADDRESS
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2j. U.S. CITIZEN YES NO If no, visa status:	2k. ETHNICITY* Hispanic <input type="checkbox"/> Non-Hispanic
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2l. RACE* (Select all that apply.)

American Indian or Alaskan Asian Black or African American
 White Native Hawaiian or Pacific Islander Do not wish to provide

2m. HUMAN SUBJECTS RESEARCH REQUIRING IRB REVIEW/APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	2n. OTHER INSTITUTIONAL ASSURANCES (Select all that apply.) <input type="checkbox"/> Animal <input type="checkbox"/> Biologics <input type="checkbox"/> Hazardous materials	2o. OTHER FUNDING <input type="checkbox"/> I am \ <input type="checkbox"/> I am NOT . . . currently seeking funds from other sources for this or other projects. <input type="checkbox"/> I am \ <input type="checkbox"/> I am NOT . . . currently receiving support from other sources for this or other projects.
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2p. PERCENT OF TIME TO BE SPENT ON ALL RESEARCH: ____%

3a. NAME OF SPONSORING INSTITUTION	3b. SPONSORING DIVISION OR DEPARTMENT
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3c. DERMATOLOGY DEPARTMENT CHAIR OR DIVISION CHIEF

Name _____ Title _____
Address _____
Tel _____ E-mail _____

3d. DERM. DEPT. CHAIR OR DIV. CHIEF SIGNATURE / DATE _____ / _____

3e. INSTITUTIONAL OFFICER (Dean or designated official.)

Name _____ Title _____
Address _____
Tel _____ E-mail _____

3f. INSTITUTIONAL OFFICER SIGNATURE / DATE _____ / _____

3g. FISCAL OFFICER

Name _____ Title _____
Address _____
Tel _____ E-mail _____

4. APPLICANT SIGNATURE / DATE "I certify that the statements in this application are true to the best of my knowledge. I agree that research funds awarded to me will only be used as defined in the proposed budget, for the project/purpose identified in my application. Any unused funds will be returned to the Foundation. I hereby agree to provide a written progress report and financial report as required by the DF. I also agree to be available to present completed research to the DF and/or sponsor of this award."

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5. APPLICATION CHECKLIST: Send the following files to DFRAP@dermatologyfoundation.org for receipt by 9/17/18.

<input type="checkbox"/> File #1 - <input type="checkbox"/> a. Completed Application Form <input type="checkbox"/> b. NIH Biosketch <input type="checkbox"/> c. Budget <input type="checkbox"/> d. Research Proposal	<input type="checkbox"/> File #2 – e. Letter of Support from Department Chair/Chief <input type="checkbox"/> File #3 – f. Short and Long Layman’s Statements <input type="checkbox"/> File #4 – g. B/W Headshot <input type="checkbox"/> File #5 – h. OPTIONAL – Original Figures
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*This information is used for aggregate statistical reporting.