



2020 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
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		
2j. U.S. CITIZEN YES NO If no, visa status:	2k. ETHNICITY* Hispanic <input type="checkbox"/> Non-Hispanic		
2l. RACE* (Select all that apply.) <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> 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.	
2p. PERCENT OF TIME TO BE SPENT ON ALL RESEARCH: ____%			
3a. NAME OF SPONSORING INSTITUTION		3b. SPONSORING DIVISION OR DEPARTMENT	
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 _____			
IMPORTANT NOTE: Contact the DF office to obtain your personal, secure link to submit your application package via Dropbox: DFRAP@dermatologyfoundation.org .			
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." _____ / _____			

*This information is used for aggregate statistical reporting.