Patient Directed Investigation Grant and Research Grant Application Checklist

Name of Applicant: _____
(Last) (First) (MI) (Degree)

Institution: _____

Title of Research Project: _____

_____

(Do not exceed 100 characters, including spaces and punctuation.)

Application Type:

Check (✓) the grant for which you are applying**.**

- ☐ Patient Directed Investigation Grant
- ☐ Research Grant
  - ☐ Epidermolysis Bullosa
- ☐ Dermatopathology Research Grant

Applicant Eligibility Requirements:

☐ Review the eligibility requirements for the above noted award in section III of the Applicant Instructions to be sure you are eligible for consideration.

Required Application Materials:

Assemble the following items, in the order presented, for your application package. Refer to the detailed application completion instructions to be certain you meet the specific format and content requirements for each component. For items 2-5, number the pages continuously. Once complete, place this form on top of all your application materials. **Submit all items listed below, and one photocopy items 1-7 to the Foundation for consideration.**

1. ☐ Patient Directed Investigation Grant and Research Grant Application Checklist
2. ☐ Research Award Application
3. ☐ DF Applicant Biographical Sketch
4. ☐ Detailed Budget
5. ☐ Research Proposal
6. ☐ Letter of Support From Chair (required only if applicant is NOT also applying for a career development award)
7. ☐ Letter of Support from Immediate Supervisor
8. ☐ Layman's Short Statement
9. ☐ Layman's Long Statement
10. ☐ PDF file of original figures (check one):
    - ☐ Enclosed on a CD
    - ☐ Sent via email to dfrap@dermatologyfoundation.org