



# 2019 Award Application: Sun Pharma Research Award

<b>1. TITLE OF PROJECT</b> (Do not exceed 100 characters)			
<b>2a. NAME</b> (Last, First, Middle Initial)	<b>2b. DEGREE(S)</b>	<b>2c. DATE OF BIRTH</b>	<b>2d. GENDER</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>2e. CURRENT POSITION TITLE</b>	<b>2f. CURRENT MAILING ADDRESS</b>		
<b>2g. POSITION DURING YEAR OF PROPOSED SUPPORT</b>			
<b>2h. TELEPHONE AND FAX</b> (Area Code, Number and Extension) Tel _____ Fax _____	<b>2i. E-MAIL ADDRESS</b>		
<b>2j. U.S. CITIZEN</b> YES NO If no, visa status:	<b>2k. ETHNICITY*</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
<b>2l. RACE*</b> (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			
<b>2m. HUMAN SUBJECTS RESEARCH REQUIRING IRB REVIEW/APPROVAL</b> YES NO	<b>2n. OTHER INSTITUTIONAL ASSURANCES</b> (Select all that apply.) <input type="checkbox"/> Animal <input type="checkbox"/> Biologics <input type="checkbox"/> Hazardous materials	<b>2o. OTHER FUNDING</b> <input type="checkbox"/> I am \ <input type="checkbox"/> I am NOT . . . currently <b>seeking funds</b> from other sources for this or other projects. <input type="checkbox"/> I am \ <input type="checkbox"/> I am NOT . . . currently <b>receiving support</b> from other sources for this or other projects.	
<b>2p. PERCENT OF TIME TO BE SPENT ON ALL RESEARCH:</b> ____%			
<b>3a. NAME OF SPONSORING INSTITUTION</b>		<b>3b. SPONSORING DIVISION OR DEPARTMENT</b>	
<b>3c. DERMATOLOGY DEPARTMENT CHAIR OR DIVISION CHIEF</b>			
Name _____		Title _____	
Address _____			
Tel _____		E-mail _____	
<b>3d. DERM. DEPT. CHAIR OR DIV. CHIEF SIGNATURE / DATE</b> _____ / _____			
<b>3e. INSTITUTIONAL OFFICER</b> (Dean or designated official.)			
Name _____		Title _____	
Address _____			
Tel _____		E-mail _____	
<b>3f. INSTITUTIONAL OFFICER SIGNATURE / DATE</b> _____ / _____			
<b>3g. FISCAL OFFICER</b>			
Name _____		Title _____	
Address _____			
Tel _____		E-mail _____	
<b>4. APPLICANT SIGNATURE / DATE</b> "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." _____ _____ / _____			
<b>5. APPLICATION CHECKLIST:</b> Send the following files to <a href="mailto:DFRAP@dermatologyfoundation.org">DFRAP@dermatologyfoundation.org</a> for receipt by 9/17/18.			
<input type="checkbox"/> File #1 - <ul style="list-style-type: none"> <li><input type="checkbox"/> a. Completed Application Form</li> <li><input type="checkbox"/> b. NIH Biosketch</li> <li><input type="checkbox"/> c. Budget</li> <li><input type="checkbox"/> d. Research Proposal</li> </ul>		<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	

\*This information is used for aggregate statistical reporting.