

# **National Hemophilia Foundation**

## **FELLOWSHIP APPLICATION**

**JUDITH GRAHAM POOL  
POSTDOCTORAL RESEARCH FELLOWSHIP**

**NURSING EXCELLENCE FELLOWSHIP**

**SOCIAL WORK EXCELLENCE FELLOWSHIP**

**NATIONAL HEMOPHILIA FOUNDATION  
116 W. 32<sup>nd</sup> Street, 11<sup>th</sup> Floor  
New York, NY 10001**

**Telephone (800) 42-HANDI or (212) 328-3741 \* Fax (212) 328-3788**

## The National Hemophilia Foundation - Fellowship Application

<p>1. Please indicate application type:</p> <p><input type="checkbox"/> Judith Graham Pool Postdoctoral Fellowship</p> <p><input type="checkbox"/> Nursing Excellence Fellowship</p> <p><input type="checkbox"/> Social Work Excellence Fellowship</p>	<p><b>APPLICATION DATE:</b> _____</p> <p>2. Period of support:</p> <p><input type="checkbox"/> One-Year Fellowship</p> <p><input type="checkbox"/> 18-Month Fellowship (NEF only)</p> <p><input type="checkbox"/> Two-Year Fellowship (JGP only)</p>
<p>3. This is a new <input type="checkbox"/> or resubmitted <input type="checkbox"/> application.</p>	
<p>4. Title of the proposed project:</p>  	
<p>5. Name of applicant: [Last, First, Middle, Degree]</p>	
<p>6. Applicant mailing address:</p>   <p>Telephone: (    )    -</p> <p>Fax:        (    )    -</p> <p>Email:</p>	<p>7. Sponsor of applicant (name and address):</p>   <p>Telephone: (    )    -</p> <p>Fax:        (    )    -</p> <p>Email:</p>
<p>8. Department Chairman (name and address):</p>   <p>Telephone:</p> <p>Fax:</p> <p>Email:</p>	<p>9. Financial Officer (name and address):</p>   <p>Telephone:</p> <p>Fax:</p> <p>Email:</p>
<p>10a. Total amount of award requested is \$ _____ for the period from:          ____/____/____ (mo/day/yr) to ____/____/____ (mo/day/yr)</p>	
<p>10b. Does applicant have any other planned or pending applications for fellowship or other research funding? [  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give source:</p>	
<p>11a. Will human subjects or tissues be used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11b. Will vertebrate animals be used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the assurance/certification page MUST be completed and accompanied by IRB/IACUC approval letter.</p>	
<p>12. Signature of Applicant (listed in item 5 above): _____  <div style="text-align: right;">date _____</div></p>	
<p>13. Signature of Sponsor (listed in item 7 above): _____  <div style="text-align: right;">date _____</div></p>	
<p>14. Signature of Financial Officer (listed in item 9): _____  <div style="text-align: right;">date _____</div></p>	

Name of Applicant: [Last, First, Middle, Degree]

### **Abstract**

The abstract should be carefully written and describe the scope and design of your project, including your hypothesis, aims, and summary of methods. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the document. **The abstract must be limited to this space.**

Name of applicant: [Last, First, Middle, Degree]

Title of proposed project:

**Lay Summary of Project**

Please provide, in the space below, a summary of the proposed project suitable for a lay audience. If your project is funded by NHF, this description may be printed in NHF publications and on the NHF website **[Do not exceed the space provided below]**

Name of Applicant: [Last, First, Middle, Degree]

**Letters of reference** must be sent with this application.  
[See instructions for suggested references for each fellowship]

**Provide a brief paragraph concerning future career plans, including plans for clinical, academic, or research commitment to hemophilia.** (Use only space provided.)

**Description of proposed research project.** (Continue as page 9 of this application and label each section as below. The limit is 8 additional pages. **Applications exceeding this limitation will be returned and not reviewed.** [See instructions for sections to be covered in the research description for each fellowship]





# Budget

Name of Applicant: [Last, First, Middle, Degree]						
Detailed Total Budget			From		Through	
Personnel Name	Role on Project	% effort on project	Inst. Base Salary	Salary Requested	Fringe Benefits	Totals
Subtotals:						
Consultant Costs						
Equipment						
Supplies						
Travel						
Other						
Total Direct Costs for Budget Period [pg. 1 item 10a]						

\_\_\_\_\_ (Initials)  
 \_\_\_\_\_ (Date)

Name of applicant: [Last, First, Middle, Degree]
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**Assurances and Certifications for Research Involving Human Subjects and/or Vertebrate Animals**

The applicant's institution has the primary responsibility for protecting the rights and welfare of human subjects and for ensuring the humane care and use of all animals in any research activity supported by the National Hemophilia Foundation, and of informing the Foundation of all relevant assurances and certifications. If an award is made as a result of this application, it is the responsibility of the awardee and the Institution to inform the Foundation within a reasonable time of any change in the research protocol.

By virtue of the signature on this application of an official authorized to sign for the Institution, the Institution is declaring that all applicable Federal, State, and Local regulations will be followed during the tenure of a grant awarded as a result of this application.

Consequently, this form must be completed and submitted with any application to the Foundation for the support of research. In addition, a copy of the approval letters signed by the chairperson of the Institutional Review Board (IRB) and/or the Institutional Animal Care and Use Committee (IACUC), as appropriate, must accompany this application. **No funds will be disbursed for any award until these materials have been received, reviewed, and approved by the Foundation.**

1. Human subjects or material  will  will not be used in this project.

If human subjects or materials will be used in this project, the following section must be completed.

a. The research project is exempt from IRB review. Provide reason:

b. The research proposal has been submitted to the IRB for review and approval:

is pending

was granted on \_\_\_/\_\_\_/\_\_\_ IRB approval number \_\_\_\_\_

If the IRB review is pending, approval must be obtained and documented prior to funding.

c. The "Assurance of Compliance" number issued to the applicant's institution by the Federal Office of Protection from Research Risks: \_\_\_\_\_

2. Vertebrate animals  will  will not be used in this project.

a. The research proposal has been submitted to the IACUC for review and approval:

is pending

was granted on \_\_\_/\_\_\_/\_\_\_ IACUC approval number \_\_\_\_\_

If the IACUC review is pending, approval must be obtained and documented prior to funding.

b. The "Assurance of Compliance" number issued to the applicant's institution by the Federal Office of Protection from Research Risks: \_\_\_\_\_

Name of applicant: [Last, First, Middle, Degree]

**CONTINUATION PAGE: STAY WITHIN MARGINS INDICATED**