PSI Research Trainee Award Application

# PRINCIPAL INVESTIGATOR/APPLICANT

|  |  |
| --- | --- |
| Principal Investigator/Applicant Last Name |  |
| Principal Investigator/Applicant First Name |  |
| Principal Investigator/Applicant Email Address |  |
| Principal Investigator/Applicant Phone Number |  |
| Principal Investigator/Applicant Mailing Address |  |
| Training Program Enrolled in (e.g. PhD in Biochemistry, Clinician Investigator Program) |  |
| Start Date of Training Program |  |
| End Date of Training Program |  |

# INSTITUTION

|  |  |
| --- | --- |
| Sponsoring Institution NamePlease review our sponsoring institution policy at https://www.psifoundation.org/funding-programs/granting-policies/ |  |
| Charitable Registration Number |  |
| Grants/Award Administrator Full NameThis is the person who will accept your funds and administer the research account. |  |
| Grants/Award Administrator Phone Number |  |
| Grants/Award Administrator Email Address |  |
| Grants/Award Administrator Mailing Address |  |

# MENTOR

|  |  |
| --- | --- |
| Mentor Last Name |  |
| Mentor Middle Initial |  |
| Mentor First Name |  |
| Clinical Appointment Title |  |
| Clinical Appointment Institution |  |
| Academic Appointment Title |  |
| Academic Appointment Institution |  |
| Phone Number |  |
| Email Address |  |
| Mailing Address |  |

# NOMINATOR (DEAN/REPRESENTATIVE)

|  |  |
| --- | --- |
| Last Name |  |
| Middle Initial |  |
| First Name |  |
| Position Title |  |
| Position Institution |  |
| Phone Number |  |
| Email Address |  |
| Mailing Address |  |

# FUNDING REQUEST SUMMARY

|  |  |
| --- | --- |
| Amount of Funding Requested Year 1 |  |
| Amount of Funding Requested Year 2 |  |
| Total Amount of Funding RequestedPlease round to the nearest $500 |  |
| Proposed Start Date |  |
| Proposed End Date |  |
| Have you applied/intending to apply for other funding from another source?Results from other sources may affect your approved budget, therefore please notify the Foundation immediately if you have received other funding |  |
| Status of Other Funding |  |
| Lay Summary Describe the objectives and methodology in plain language. If funded, this description will be used in PSI communications (200 words maximum) |  |

## BUDGET

Please enter budget details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Name | Brief description | Category (Stipend/Fringe Benefits/Mentor’s Directed Funding) | Amount Year 1 | Amount Year 2 | Total Amount |
|  |  |  |  |  |  |

# ATTACHMENTS

NOTE: Attachments must be uploaded in PDF format

## APPLICATION CONTENT:

NOTE: See Funding Guidelines for Details. Your entire Application Content section should not exceed 8 pages.

### Proposed Training Plan

### Proposed Research Plan

### Timeline (including milestones)

### Budget Rationale

All the budget items listed in the budget table under Funding Request Summary section require additional, detailed explanation to justify funding.

### Other Funding Summary (if applicable)

If funding has been requested from other sources, please provide the summary, budget and budget justification from these applications. Please clarify your status for the other funding; if the status of the other funding application is pending, please state the expected decision date.

Please also include how receiving this funding would affect your PSI application and budget.

### Appendices

### Signature Form

## CURRICULUM VITAE (CV) AND LETTERS:

### Letter of support from Mentor(s)

### Mentor’s Role

### Letter of Support from Sponsoring Institution

### Curriculum Vitae (CV) for Applicant

Each CV is to be made up of two components. The first component should include all relevant information such as education, hospital/academic appointments, committees, etc. The second component is to be a list of major accomplishments (e.g. publications, presentations, grants received, awards, etc.) that directly apply to this application. Maximum 5 pages for entire CV.

### Curriculum Vitae (CV) for Mentor

Each CV is to be made up of two components. The first component should include all relevant information such as education, hospital/academic appointments, committees, etc. The second component is to be a list of major accomplishments (e.g. publications, presentations, grants received, awards, etc.) that directly apply to this application. Maximum 5 pages for entire CV.

### Letter to Demonstrate Financial Need (Optional)

Please use this section to include a letter attesting to the trainee’s demonstrated financial need. PSI does not expect any supporting evidence.

**Signatures**

The signing of this application constitutes acceptance and agreement of the terms and conditions set out in the Funding Guidelines and that all information provided is accurate and truthful.

**Name of applicant Signature of Applicant Date Signed**

**Name of Mentor Signature of Supervisor Date Signed**

**Name of Nominator Signature of Nominator Date Signed**

**Name of Authorized Officer Signature of Authorized Officer Date Signed**

**of Sponsoring Institution of Sponsoring Institution**

**(required) (required)**