

Department of otorhinolaryngology— head and neck surgery

**Application Forms**

**Student Research Program 2024-2025**

###### Deadline: February 1, 2024

Awards Announcement: March 2024

*Applicant Name, Degree, and Faculty Level/Title:*

*Applicant Department and School:*

*Applicant Email Address:*

*Project Title:*

The Department of Otorhinolaryngology – Head and Neck Surgery Student Research Program is a one-year program intended for medical students interested in academic otolaryngology who intend to spend a year in a research lab prior to applying for residency or during their third and fourth years of medical school. The department will provide two stipends to aid in living expenses during the research time. Stipend amounts will follow NRSA guidance (https://grants.nih.gov/grants/guide/notice-files/NOT-OD-22-132.html). Applications will be judged on the student’s track record of research experience, interest in pursuing a career in academic otolaryngology, proposed project, and lab environment with high potential for success. No additional funding is provided for the research and the mentor PI must provide assurance of sufficient resources to support the applicant. All research activities must be performed at the University of Pennsylvania in the lab of a faculty member of the Department of Otolaryngology, but all topics with be considered.

**Does this project involve any of the following *(if yes, you must obtain regulatory approval letters prior to study activation):***

**Human Subjects?  No  Yes**

IRB Protocol #:

Date Approved:

**Animal Subjects?  No  Yes**

IACUC Protocol #:

Date Approved:

**Biohazards or Recombinant DNA?  No  Yes**

Protocol #:

Date Approved:

**Project Category (choose one):**

Basic Science/Laboratory Research (e.g., cell culture, animal models)

Translational Research (e.g., basic to clinical, clinical to community)

Clinical Research (e.g., clinical prevention or therapeutic trials)

Population-based/Cancer Control Research (e.g., epidemiology/genetics, behavioral sciences, health services, community-based research)

**Facilities:**

**Does this study require new space?  No  Yes**

**AUTHORIZING SIGNATURES**

|  |  |  |
| --- | --- | --- |
| **PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR:** I certify that the above information is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provision of required technical reports if a grant or contract is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the University. | | |
|  | | |
|  | PI Signature | Date |
|  | | |

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| --- | --- | --- | --- |
| **BUSINESS ADMINISTRATOR (or other individual responsible for proposal preparation and project administration):** The budget and administrative information contained in the attached proposal is complete and accurate to the best of my knowledge. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the University. In accordance with the University’s Patent Policy, all individuals working on sponsored projects must sign a Participation Agreement. All personnel on this project, including postdocs, students and visiting scientists, will have signed Participation Agreements prior to its initiation. (Call the Penn Center for Innovation, 898-9585, for information on inventions, patents, copyrights, etc.) | | | |
|  |  |  |  |
|  | BA Signature | Date | BA Typed Name |

|  |  |
| --- | --- |
| **DEPARTMENT CHAIR:**  The attached application is approved. It is within the total program and academic objectives of the Department. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic. If matching funds/cost sharing is required as a condition of an award resulting from this proposal, I will be responsible for assuring that the necessary resources are made available. The information contained in this Application Form is accurate and correct to the best of my knowledge. | |
|  |  |
| Department Chair’s Signature | Date |
|  |  |
| Department Chair’s Typed Name |  |

**BIOGRAPHICAL SKETCH OF APPLICANT**

**A current NIH formatted Biographical Sketch, including Research Support, MUST be included in all applications. The NIH template is available at:** <http://grants.nih.gov/grants/forms/biosketch.htm>

**Project SUMMARY/ABSTRACT**

|  |  |
| --- | --- |
| PROJECT TITLE: |  |

*Provide a brief (300-500 words) summary of the research, including Background, Objective/Hypothesis, Specific Aim(s), Study Design, and Relevance. The final sentence of the abstract should summarize the focus and methodology and expected outcomes of the project in non-scientific terms.*

Description OF PROPOSED RESEARCH

|  |  |
| --- | --- |
| PROJECT TITLE: |  |

(Sections A-E below must not exceed 5 pages – use continuation pages as necessary.)

**A. Specific Aims (suggested 1/2 page or less)**

State broad objectives and describe concisely what the research described is anticipated to accomplish. From these outcomes, generate the hypothesis (or hypotheses) to be tested. Limit these to one to three specific aims and use a few sentences to describe.

**B. Background and Significance (suggested 1 page or less)**

Describe the background of the research proposed. Evaluate existing research and sources related to your project. Identify specific gaps that the project intends to fill. Cite relevant published background material. Support your specific aims. Explain how your expected results will support your hypotheses and why your research is important scientifically, technically, or clinically.

**C. Preliminary Studies (suggested 1 page or less)**

Summarize the relationship between your prior work and the proposed research. Show that you are qualified by describing research highlights, presenting pilot data, and a demonstrated record of training or expertise in your field. Add references to publications you have related to this work if applicable.

**D. Experimental Design and Methods (suggested 2 pages)**

Describe the experimental design, methods and procedures planned to accomplish each hypothesis or specific aim of the project. Diagrams or reference articles may be helpful. Include the means by which the data will be collected, analyzed, and interpreted. Describe any new methodology and its advantage over existing methodologies. Discuss the potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the aims. Provide the timeframe for the procedure presented.

**E. Future Plans (suggested 1/2 page)**

State how these funds will be used to obtain preliminary results that will enable you to compete successfully for national grants, the expected timeline with submission dates, and target organizations for your applications. Describe how this project will relate to the overall research goal of a larger project.

**F. Literature Cited (no page limit)**

* ***Please note that awarded applications may request a single 1-year extension due to delays that are beyond the applicants’ control.***

**PERSONAL STATEMENT**

*Provide a brief (500-1000 words) statement regarding your research background along with your personal and professional goals. How will this award help to accomplish those goas and what you hope to achieve during the period of research.*