



Society of Women in Urology
Elizabeth Pickett Research Award Program
Application

General Application Instructions

Please read these instructions carefully before proceeding with the application process.

All research applications are due on or before **December 7, 2009**. Late applications will not be reviewed. **All applicants must be current members, in good standing of the Society of Women in Urology, Inc. (SWIU)**. You will receive an acknowledgment that your application has been received by SWIU. Awardees will be notified in writing no later than January 15, 2010. Results cannot be given over the telephone; please wait for your notification by mail. Any questions regarding SWIU Research Awards should be directed in writing to:

Society of Women in Urology

1100 E Woodfield Road, Suite 520

Schaumburg, IL 60173

Phone: (847) 517-7225

Fax: (847) 517-7229

Email: info@swiu.org

Selection Procedure & Criteria for Review

Selections are made based on the review of all the information by the Research Committee of SWIU and are subject to the final approval of the SWIU Board of Directors. Applications will be reviewed by the SWIU Research Committee. The criteria for review will include the scientific merit of the research proposal, i.e. does the proposal have a hypothesis, how well does the proposed research test the hypothesis, etc. The Committee will additionally evaluate portions of the project that can be accommodated by the amount of SWIU funding available.

Nondiscrimination

The SWIU Research Award Program operates without discrimination as to age, race, religion, sex, handicap or national origin in the selection of participants.

Publications

Any publication arising from work supported by SWIU shall acknowledge SWIU. The acknowledgement should read:

This work was supported in part by the Society of Women in Urology. . .

Please provide a copy of any resulting publications to SWIU. We appreciate your interest and support in SWIU activities. Good luck!

Research Award Program

Candidates

A trained urologist, (M.D./D.O), urology resident/fellow, Post-doctoral basic scientist with a research interest in urologic or related diseases and dysfunctions. Candidates must be members of Society of Women in Urology, Inc.

Reporting Requirements

Awardees must submit a brief project summary at the completion of the project for review by SWIU. The summary shall include results of research in two forms: (a) technical report (b) a report in lay terms. Additionally, awardees may be asked to present at the SWIU meeting.

Financing

The award from SWIU is \$1,000-2,500, payable in one installment in January 2010.

Candidate Application Check List

Original and 4 copies of:

- Application Cover Sheet (enclosed)
- Curriculum Vitae of Applicant
- Completed Sponsoring Institution/Department Agreement (enclosed)
- Research Proposal Containing the Following Elements (*Note: Entire research proposal should be no more than 10 pages long. Suggested length for each section is in parenthesis.*)
 - Testable Hypothesis and Specific Aim(s) (0.5 page)
 - Significance or Clinical Relevance of Project (1.5 pages)
 - Relevant Research of Others (2 pages)
 - Prior Work by Applicant (2 pages)
 - Methods of Procedures (3 pages)
 - Bibliography (1 page)
- Detailed Research Budget and Budget Justification
If the Proposed Project cannot be completed within the \$2500 limit of SWIU awards, include a budget for the full project and explain how the balance of funds will be obtained. Include letters of support from sponsors of the balance of funds.

SWIU Research Award Program Application Cover Sheet

Please type or print legibly.

Candidate _____ Present Position Title _____

Work Phone _____ Cell Phone _____

Email _____

Current Mailing Address _____

Doctoral Degree(s) _____ Year Earned _____ Field of Degree _____

Medical School/PhD Program _____ Residency Program _____

Title of Project _____

Project Start Date _____ Estimated Date of Completion _____ Total Budget \$ _____

Research Classification (e.g. bladder, prostate, endourology, peds) _____

Name of Institution where SWIU Research Scholar activity will be completed _____

Institution Address _____

I certify that the statements contained in my application packet are true and complete to the best of my knowledge. I agree to notify the SWIU immediately to withdraw my name from the review/granting process, when I have accepted another opportunity or no longer intend to receive the SWIU Research Award.

Candidate Signature

Date



**W-9 "Payers Request for Taxpayer
Identification Number and Certification"**

Please type or print clearly.

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Employer Identification Number _____

Sponsor Name Printed _____ Title _____

(Financial Official - Grants Administrator, Department Chair, etc.)

Signature

Date