**Wright State University Boonshoft School of Medicine**

**Medical Student Research Grant**

**Application Cover Sheet**

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Student’s Name, Class, and Email (please type; handwritten applications will not be accepted)

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Faculty Mentor’s Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor’s Email Address and Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Funding Amount Requested

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Project Title

**Application Package:**

\_\_\_\_\_ This application cover sheet

\_\_\_\_\_ Research Plan (limit one page)

\_\_\_\_\_ Budget (limit one-half page)

\_\_\_\_\_ Plan for Publishing Results (limit one-half page)

\_\_\_\_\_ Letter of Support from your faculty mentor

**Application Process:**

1. Compile the elements of your application package as a single MS Word document; handwritten applications will NOT be accepted.

2. Send the complete application package as an email attachment to: Amber McCurdy (amber.mccurdy@wright.edu), BSOM Office of Research Affairs.

3. CC your application email with MS Word attachment to your faculty mentor.

4. Applications will be accepted throughout the 2014-15 academic year while funds are available.

5. Notice of award will be made to the medical student and faculty mentor. Allow at least one month for grant review, notification, and start of the funding period.