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| BHAP_logoLETTER OF INTENTFELLOWSHIP PROJECT AWARD |
| 1a. NAME OF APPLICANT *(last, first, middle, title)* | 1b. QUALIFICATION(S) | 1c. DATE OBTAINED |
| 1d. DATE OF BIRTH | 1. | Month/Year |
| 2. | Month/Year |
| 2a. MAILING ADDRESS *(street, city, state or province, postal code, country)* |
| 2b. TELEPHONE / FAX *(country code, area code & extension)* | 2c. EMAIL ADDRESS |
| TEL: | FAX: |
| 3. APPLICANT INSTITUTION / ORGANIZATION NameMailing Address *(street, city, state/province, postal code, country)* |
| 4. FINANCE OFFICER TO BE NOTIFIED IF AWARD IS MADENameTitleAddressTel FAXE-mail | 5. OFFICIAL SIGNING FOR APPLICANT ORGANIZATIONNameTitleAddressTel FAXE-mail |

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| DURATION OF PROJECT / TRAINING (1 year or less) | START DATE: July 2021 or later | FINISH DATE: |
| MENTOR(S). You may have a mentor for both the research and clinical training elements of your fellowship project. You must have at least one mentor. |
| DESCRIPTIONThe Fellowship Project Award is designed to have both a research and clinical training element, both of which are equally important. Please describe your proposed research project in terms of its design, rationale, objectives, methods and expected results. Please describe your clinical training in terms of the clinical duties you expect to undertake, e.g. diagnosis and management of patients with hereditary bleeding disorders. Also describe how you will work with your mentor and how your institution will help you achieve your goals. Finally, add a statement describing your commitment to pursuing a career as a hemophilia researcher-treater.**DO NOT EXCEED 1000 WORDS**. |
| With regard to your proposed research project, please ensure you have checked the website for the program’s research priorities and excluded topics, see <http://bayer-hemophilia-awards.com/about_the_program/?view=research_priority> |
| % OF TIME DEDICATED TO PROJECT (APPLICANT) SALARY SUPPORT IS ANTICIPATED; THERE IS NO CAP BUT THE COMMITTEE WILL BE LOOKING FOR REMUNERATION TO BE COMMENSURATE WITH INSTITUTIONAL NORMS. |
| ESTIMATE OF REQUESTED FUNDING IN US DOLLARS **$###,###.00** Also write amount in words. THE MAXIMUM BUDGET IS US$80,000.00 FOR ONE YEAR ONLY. UP TO 20% THIS AMOUNT MAY BE REQUESTED AS OVERHEAD. |

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| APPLICANT’S ABBREVIATED BIOGRAPHICAL SKETCH (DO NOT EXCEED 2 PAGES) |
| NAME OF APPLICANT | POSITION TITLE |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*  |
| INSTITUTION AND LOCATION | QUALIFICATION OBTAINED(if applicable) | YEARS (e.g. 1995-2000) | FIELD OF STUDY |
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| POSITIONS AND HONORS *(List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any advisory committees No more than 10 in total.)* |
| SELECTED PUBLICATIONS (in chronological order, no more than 10). *Do not include publications submitted or in preparation.* |

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| MENTOR’S ABBREVIATED BIOGRAPHICAL SKETCH (DO NOT EXCEED 2 PAGES) |
| NAME OF MENTOR | POSITION TITLEE-MAIL |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*  |
| INSTITUTION AND LOCATION | QUALIFICATION OBTAINED(if applicable) | YEARS OF STUDY | FIELD OF STUDY |
|  |  |  |  |
| POSITIONS AND HONORS *(List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any advisory committees No more than 10 in total.)* |
| SELECTED PUBLICATIONS (in chronological order, no more than 10). *Do not include publications submitted or in preparation.* |

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| ***SUBMITTING THE APPLICATION*** |
| Once you have completed this proposal form, please email it to the Program Administrator at bayer-hemophilia-awards@bayer.com AND to bayer-hemophilia-awards@porterhouse.biz. Please note that if you wish to attach additional information, e.g. figures and graphs, you must cut and paste them into this document. The administrator will only accept a single Word or PDF document, not several individual items.By submitting this application, you are confirming that the information you provided is correct and has not been falsified in any manner. If it is discovered that you knowingly provided false information, Bayer Healthcare will consider your application withdrawn and will, if appropriate, take other action. |