

Sponsor/Mentor:

Last Name	First Name	Degree
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Rank and Administrative Title

Institution

Phone (Office)	Phone (Cell)
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Fax	email
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Department Chair:

Last Name	First Name	Degree
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Rank and Administrative Title

Institution

Phone (Office)	Phone (Cell)
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Fax	email
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Reference:

Last Name	First Name	Degree
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Rank and Administrative Title

Institution

Phone (Office)	Phone (Cell)
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Fax	email
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(Attach letter of support by scan or fax from each person listed on this page.)
DETAILED RESEARCH PROPOSAL

(Maximum 5 pages)

- A. Specific Aims**
- B. Background, including prior work by applicant**
- C. Experimental design and methods**
- D. Expected results, including timeline**
- E. Collaborative arrangements (include support letters where applicable)**
- F. Potential problems**
- G. Significance of findings**
- H. Reference citations**

BUDGET

	YEAR 1	YEAR 2	TOTAL
Salary (including fringe benefits)			
Travel			
TOTAL	\$20,000 (US)	\$20,000 (US)	\$40,000 (US)

CURRENT AND PROJECTED FINANCIAL SUPPORT FOR APPLICANT

Source: _____

Amount/years: _____

Project Title; _____

Overlap (none or explain): _____

Source: _____

Amount/years: _____

Project Title; _____

Overlap (none or explain): _____

Source: _____

Amount/years: _____

Project Title; _____

Overlap (none or explain): _____

ELECTRONIC ATTACHMENTS

- A. Curriculum vitae of applicant.
- B. Curriculum vitae of sponsor/mentor (abbreviated version).
- C. Relevant reprints of applicant.
- D. Letters of support (mentor, department chair, reference).

REQUIRED SIGNATURES

APPLICANT: _____
NAME DATE

SPONSOR/MENTOR: _____
NAME DATE

FINANCIAL OFFICER
(to whom award should be sent): _____
PRINT NAME TITLE

Signature DATE

By signing of this document, both the applicant and the Sponsoring Institution acknowledge that they have read the Sanofi-Aventis/ISTH Research Fellowship Award Description and agree to fully comply with the terms outlined therein.

(Submit this page with signatures by scan or fax to 1 919 929-3935.)