Department of Medicine

**Internal Medicine Residency**

**Scholarship Support Request Form**

Please submit completed form to Dena Dowhaniuk (dowhaniu@ohsu.edu) and Avi O’Glasser, MD (oglassea@ohsu.edu)

**This form is to be used for:**

1. **Section A: Research Project Support Application**
2. **Section B: Travel Support if presenting at a Conference or Meeting** (*after biosketch, skip to Section B*)

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| BIOGRAPHICAL SKETCHProvide the following information for the Senior/key personnel and other significant contributors Follow this format for each person.  **DO NOT EXCEED FOUR PAGES** |
| NAME:  |  | PGY LEVEL: |  |
| INSTITUTION | DEGREE | MM/YYYY | FIELD OF STUDY |
| *Medical School*:xxx |  |  |  |
| *Graduate School* (s):xxx |  |  |  |
| *Residency*: Internal MedicineOregon Health & Science University | N/A |  | Internal Medicine |

**Section A: Research Project Support Application**

1. This will entail presenting the project to the Department Chair and Vice Chair for Research, Department of Medicine
2. Briefly describe in four sentences your project and how it relates to your future goals in academic medicine.

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| **A1: Project Information** |  |
| **A1a: Study Project/Title** |  |
| **A1b: Brief description of question research is intended to answer** |
| 1. **Background**
 |  |
| 1. **Knowledge Gap** (Question/answer you hope to fill)
 |  |
| 1. **Objectives/Hypothesis**
 |  |
| 1. **Aims**
 |  |
| 1. **Design** (e.g. prospective, interventional, observational)
 |  |
| 1. **Preliminary Studies (if any). (**Applications may be submitted without preliminary data)
 |  |
|  |  |
| **A2: Indication of need for funding**  |
| **A2a: Research faculty mentor** |  |
| 1. **Name of mentor:**
 |  |
| 1. **Has request been made for funding through mentor?** (yes/no)
 |  |
| 1. **Was funding secured?** *(if yes, please include amount)*
 |  |
| **A2b: Additional Funding Requested** |  |
| **Total Amount Requested (Budget):** *(Research Budget: e.g. supplies, statistics, recruitment, submission, publication fees, and may include travel)* |
| **Cost Breakdown/Itemized Budget Items** | **Dollar Amount** |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **TOTAL AMOUNT REQUESTED ($) =**  | $ |  |

**Section B: Project Presentation Funding**

*To present results of research project at national scientific meeting as a poster or oral presentation. (includes conference registration fee, airfare, and 1 night of accommodation expenses)*

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| **Section B1: Presentation demographics** |
| **Study/Project Title:** | **Meeting Location** **xxx** | **Date of presentation****xxx** |
| **B1a: Presentation Abstract** (enter below) |
| **(Paste Here)** |
| **B1b: Attachments**1. **Copy of the official abstract acceptance letter** (Attach)
2. **Meeting Brochure** *(If applicable)*
 |
| **Section B2: Funding** |  |  |
| **B2a: Meeting offers travel stipends/awards** *(Y/N)* |  |  |
| 1. **If yes has a submission been made for these?** *(Y/N)*
 |  |  |
| 1. **Was funding secured?** *(if yes, please include amount)*
 |  |  |
| **B2b: Research faculty mentor**1. **Name of mentor:**
 |  |
| 1. **Has request been made for funding through mentor?**
 |  |
| 1. **Was funding secured?** *(if yes, please include amount)*
 |  |
| **B2c: Additional Funding requested (*Note: you will need to provide travel expense receipts to receive re-imbursement)*** |
| **Cost Breakdown/Itemized Budget Items** | **Dollar Amount** |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **TOTAL AMOUNT REQUESTED ($) =**  | $ |  |

**Section C. Current Positions and Honors** (examples listed below)

**Positions and Employment**

1998-2000 Fellow, Division of Intramural Research, National Institute of Drug Abuse,

**Other Experience and Professional Memberships**

1995- Member, American Psychological Association

**Honors**

2003 Outstanding Young Faculty Award, Washington University, St. Louis, MO

**Peer-reviewed Publications**

1. Merryle, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. Psychology and Aging, 23(4), 10-22.

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**For Department Use Only:**

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| **Funding Approved**  |  | **Date:** |  |  | **Funding Denied**  |  | **Date:** |  |

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| --- | --- | --- |
| ***X*** |  |  |
| David B. Jacoby, M.D.Chair, Department of Medicine |  |