



## **SCHOLARSHIP PROGRAM 2020 Fellowship Award APPLICATION**

**Applications must be received on or before January 10, 2020**

- The award is USD \$30,000 minus any applicable tax and/or retentions to be delivered during 2020 and 2021. Eighty percent of the total amount is for salary support and 20% may be used for any combination of lab or scientific travel support.
- Award is not renewable for the same recipient professional.
- The intent of this Fellowship Award is to fund 4 applicants who have demonstrated a commitment to the study of primary immunodeficiencies.

Award applications must be submitted by e-mail to [education@lasid.org](mailto:education@lasid.org) before 11:30pm January 10, 2019 (Mexican Central time).

***Incomplete applications will not be accepted.***

### **QUESTIONS?**

Please contact [education@lasid.org](mailto:education@lasid.org)

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**APPLICANT INFORMATION**

Name (complete)

Degree(s) (MD, BSc, or Equivalent)

Mailing Address (street, city, state, zip code, country)

Position Title

Institution (Department, Service, Laboratory, or Equivalent)

Program Director

Applicant Telephone, Fax, and Email Address

Current Year of Residency or Fellowship

Anticipated Completion Date of Residency of Fellowship

Citizenship

You are in an Adult ( ) or Pediatric ( ) Training Program

**PRIMARY MENTOR**

Name

Address

Telephone

Email

**ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE**

Name

Address

Telephone

Email

**APPLICANT ASSURANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge. I agree to accept responsibility for the scientific conduct of the project, comply with the LASID Registry program and register patients in this data base, and to provide the required progress reports if a grant is awarded as a result of this application.

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**SIGNATURE OF APPLICANT & DATE**

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**OFFICIAL SIGNING FOR APPLICANT ORGANIZATION**

Name  
Title  
Telephone  
Email

**ORGANIZATION CERTIFICATION AND ACCEPTANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge.

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Signature and Date

## **DOCUMENTS THAT MUST BE ATTACHED**

### **1 - APPLICANT PERSONAL STATEMENT**

DO NOT EXCEED ONE PAGE

- Summarize your training to date.
- Comment on your specific clinical and research interests.
- Describe the percentage of time allocated for your responsibilities (including research, teaching, clinical and administrative duties).

### **2 - CAREER DEVELOPMENT PLANS**

DO NOT EXCEED ONE PAGE

- Describe current and future plans for overall career development including training and research goals. Include specifics of how this award will contribute to your career development.

### **3 - DESCRIBE CURRENT TRAINING AND RESEARCH ENVIRONMENT**

DO NOT EXCEED TWO PAGES

*This section should be prepared jointly by the lab director and the training program director.*

- Describe the training environment that will support the clinical and research development of the applicant. Include details of current or upcoming projects.

### **4 - PROVIDE AN OUTLINE FOR YOUR CURRENT CAREER DEVELOPMENT PROJECT**

DO NOT EXCEED FIVE PAGES

Thorough statement of the applicant's proposed research plan in clinical immunology including:

- Specific Goals
- Methods and Procedures
- Preliminary Data (if available)
- Long-range Objectives
- Brief Rationale (why is this important?)

Documentation, if applicable, that the proposed research was approved by the Institutional Animal Care and Use Committee (IACUC) or human subjects Institutional Review Board (IRB) of the grantee institution.

Description of Budget Item and Amount Allocated to it

The applicant can propose a work plan based on clinical training and developing clinical research based on the LASID Registry program platform. If the applicant has his own research program, it will be required anyway that he or she register patients on this database.

### **5 - APPLICANT BIOGRAPHICAL SKETCH**

(NIH Format)

- Must include a full disclosure of all grants or awards currently received or pending.

**6 - PRIMARY MENTOR BIOGRAPHICAL SKETCH**

(NIH Format)

**7 - FINANCIAL CONFLICT OF INTEREST STATEMENT(S)**

- For each investigator, list real or potential financial conflicts of interest with the proposed studies. Financial conflicts of interest would include direct payments from corporate entities related to the proposed studies and/or investments that would benefit the investigator or the investigator’s family as a result of the proposed studies.

\_\_\_\_ **I have no significant financial conflicts of interest with the studies proposed in this application.**

**Print Name of Investigator                      Signature                      Date**

\_\_\_\_ **I have the following real or potential financial conflicts of interest with the studies proposed in this application.**

**Print Name of Investigator                      Signature                      Date**

**8 - LETTER(S) OF RECOMMENDATION**

EACH LETTER SHOULD NOT EXCEED TWO PAGES

Letters from the Training Program Director and/or Mentor should include the following:

- Details on the Institutions’ commitment to the applicant;
- Applicant’s qualifications for an academic career and availability of funding for applicant’s academic training expenses;
- Applicant’s training/career development plan (specify skills to be acquired)