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**The Stanford Society of Physician Scholars Grant**

The Stanford Society of Physician Scholars (SSPS) Grant is designed to support a physician scholar, working in collaboration with a Stanford medical student. Our hope is that the scholarly work supported by these awards will stimulate meaningful research experiences, foster mentoring relationships, and form the basis for subsequent external funding options.

**Eligibility Criteria**

* Applicants must be a member of the Stanford Society of Physician Scholars (SSPS)
* The applicant must be working with a Stanford medical student, who will be considered a co-investigator
* Applications are limited to one per Scholar

**Application Process**

The following must be included in the application:

* A 2 to 3 page (single-spaced, 12-point Times font) description of the proposed work that includes:

title, abstract, aims, background, methods, expected results, potential impact, and project timeline

* A summary of the student’s role
* A detailed budget with brief justification
* A letter of support from the Scholar’s Department Chair
* A letter of support from the Scholar’s Sponsoring Faculty Member (Principal Investigator)
* Curriculum vitae for Scholar and student

Application Deadline: November 1, 2016

**Support**

Awards are limited to $5,000 per application. Funds cannot be used to support salary.

**Progress Report**

Grant recipients are required to submit a final report within 18 months of funding. This report should include a summary of the work performed and any presentations or publications arising from the work.

**Publications**

Publications that result from the use of this award should include the following acknowledgments:

**“[Grantee] is a member of the Stanford Society of Physician Scholars.”**

and **“This research was supported by the Office of the Dean, Stanford School of Medicine.”**

**The Stanford Society of Physician Scholars Grant Application**

**RESEARCH PROJECT**

Title: Click here to enter text.

Date of Grant Submission: Click here to enter text.

**SCHOLAR CONTACT INFORMATION**

Full Name: Click here to enter text.

Position: Click here to enter text.

Department: Click here to enter text.

Division: Click here to enter text.

Mobile #: Click here to enter text.

E-mail: Click here to enter text.

**STUDENT CONTACT INFORMATION**

Full Name: Click here to enter text.

Medical School Year: Click here to enter text.

Mobile #: Click here to enter text.

E-mail: Click here to enter text.

**SUBMISSION CHECKLIST**

This Cover Page

Summary of Project

Summary of Student’s Role

Budget

Letter of Support from Department Chair

Letter of Support from Sponsoring Faculty Member

Curriculum Vitae for Scholar & Medical Student

**Please E-mail or Deliver Completed Packet to:**

Shannon Jiang

sspsadmin@stanford.edu

Office of the Dean (3rd floor)

Li Ka Shing Center for Learning and Knowledge

291 Campus Drive

Stanford, CA 94305-5101