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| |  |  |  | | --- | --- | --- | |  |  |  |   *C:\Users\User\Documents\talks_slides\Stanford Child Health-LPCH logos\High resolution\DUAL_EnterpriseHospital_Print_300.jpgC:\Users\User\Documents\talks_slides\Stanford Medicine Logos\SM-logo-H-web-600.pngPlease submit your completed grant application to Dr. Clea Sarnquist* [*cleas@stanford.edu*](mailto:cleas@stanford.edu) *and Michelle Brooks* [*MBrooks@stanfordchildrens.org*](mailto:MBrooks@stanfordchildrens.org)***no later than 6 weeks prior to conference travel*** | |
| **Stanford Pediatrics Resident Research Presentation Award** | |
| The *Stanford Pediatrics Resident Research Presentation Award* provides $2000 for travel to any regional, national or international academic conference. Grants are awarded to 16 residents per year. Residents may only apply for this award if they are presenting a research abstract, workshop or other scholarly product that can be disseminated via a manuscript or MedEdPortal submission.  Conferences residents would like to attend for other purposes such as networking and other professional development opportunities can be funded through a $500 conference stipend from the residency office and/or $2000 per year educational funds included in paychecks. ***Residents may only apply for 1 Research Presentation Award during the course of their residency***.  ***Please see funding information below and note that you will only be reimbursed for this award upon submission of a draft of a manuscript or MedEdPortal submission and all travel receipts, which must be submitted within 15 days of your return.*** Please contact Clea Sarnquist, [cleas@stanford.edu](mailto:cleas@stanford.edu) and Carrie Johnson [cajohnson1@stanfordchildrens.org](mailto:cajohnson1@stanfordchildrens.org) with any questions about this. | |
| **1. TITLE OF PROJECT** *(Please attach a copy of your research or workshop abstract)* | |
| **2. SCHOLARLY CONCENTRATION**  Basic Science  Clinical Research  Advocacy  Medical Education  QI/PI  Global Health | |
| **3. RESIDENT NAME**: *(Last, first)*       Email: | |
| **4**. **PRIMARY RESEARCH MENTOR:**  Primary Mentor Name:       Department/Division: | |
| **5.** **SCHOLARLY CONCENTRATION LEADER *(Primary if applicable*):**  Name: | |
| **6. IS YOUR STUDY HUMAN SUBJECTS RESEARCH**?  No  Yes  **6a. IS YOUR STUDY IRB APPROVED?**  No  Yes  Exempt from IRB | **CO-INVESTIGATORS/AUTHORS *(List in same order on your abstract)***  Name:  Name:  Name: |
| **7. CONFERENCE YOU PLAN TO ATTEND:**  Name:  Location (City, State):  Conference Dates:  Type of submission (abstract, workshop, other-please specify): | |
| **8. RELEVANCE TO PROFESSIONAL CAREER** *(Do not exceed 350 words) – Please describe your professional career goals and how travel to your conference of choice will support you in meeting those goals.* | |
| **9. SIGNATURE REQUIRED: By signing this form, I agree to submit a completed draft of my manuscript or MedEdPortal submission with my travel receipts, and I understand that I will be reimbursed *ONLY* upon submission of this draft or presentation and my receipts within 15 days of my travel.**  **Resident Signature: Date:** | |
| **10. PRIMARY PROJECT MENTOR AND SC LEADER SIGNATURES: I have reviewed the resident’s abstract or presentation and support this application.**  **Primary Project Mentor Name: Signature:**  **Scholarly Concentration Leader Name: Signature:** | |

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| **PLEASE READ: Additional Funding Requirements**  **Conference registration and flights must be paid for using the travel card in the residency office. Please contact Carrie Johnson, cajohnson1@stanfordchildrens.org to coordinate this purchase. Your flight cannot exceed $700.00 and any changes to your flight post-purchase must be paid by you out of pocket and are not eligible for reimbursement.**  **All food, hotel and additional travel expenses (i.e., ground transportation) will be paid by the resident at time of purchase and reimbursed upon submission of manuscript draft or presentation (excluding posters), and receipts.** |