



**2017 GERTIE MARX EDUCATION & RESEARCH
GRANT APPLICATION FORM**

ORGANIZATION INFORMATION

Date of Application: _____



Contact Person and Title



Address of Organization Requesting Funds (street address, city, state, zip)



Telephone Fax Email



Organization Website (if available)

INSTITUTIONAL OFFICIAL



Contact Person and Title



Name of Institution to which grant would be paid. Please state exact legal name.



Address of Institution (street address, city, state, zip)



Telephone Fax Email

TITLE

Title: _____

Brief Description (30-50 words): _____

ADDITIONAL SUPPORTING DOCUMENTS REQUIRED:

- _____ Letter from the Applicant’s Department Chair;
- _____ Letter from a Research Mentor or Supervisor including their Curriculum Vitae (unless the applicant is at the rank of Associate Professor or above);
- _____ Curriculum Vitae of the applicant;
- _____ A list of references (less than 30);
- _____ Letters of support from three individuals;
- _____ Statements of Collaboration (optional);
- _____ A brief description of research resources (optional).

Name of Person Preparing Form (if different from above): _____

Signature of Preparer _____

(If preparer is not from institution making the request, please state why)

CONFLICT OF INTEREST STATEMENT:

- Applicants will not discuss their submission with any member of the Disbursement Committee outside of the formal submission process.
- Applicants will not enlist any mentor or colleague to “lobby” any member of the Disbursement Committee on behalf of their submission.
- Attempts at communication with the Disbursement Committee about a particular submission by the applicant or someone acting on their behalf (beyond administrative questions which will be directed to the SOAP staff) may be considered grounds for disqualification of the submission.
- Applicants are allowed (and expected) to respond to questions about their submission if the request for additional information is initiated by a member of the Disbursement Committee or SOAP staff (these would usually be technical issues of file type, or missing parts of applications, etc.)

I/We have read, understand and agree to abide by the above conflict of interest statements. The signature of each person or persons preparing the application must be provided below.

Signature: _____ Date: _____

Signature: _____ Date: _____

Note: No member of the SOAP Board of Directors, SOAP Committee, or regular member of SOAP may contact, lobby or otherwise attempt to influence the Disbursement Committee members regarding grant applications.

HOW TO SUBMIT:

1. Enclose this application and all documentation in one compressed zip file
2. Upload to email address: info@soap.org
3. Deadline for submissions: **October 3, 2016**
4. 2017 Gertie Marx Grant Application Co-Chairs: Joy Hawkins, M.D. and Richard Smiley, M.D., Ph.D.
5. For more information contact the SOAP Office at (414) 389-8611