

AM A Foundation Seed Grant Research Program

More and more physician scientists are experiencing difficulty finding the resources to participate in applied and clinical research. Consequently, fewer young physicians are choosing careers in research. This is a terrible loss to medicine.

To address this trend, the *AMA Foundation* is pleased to announce a **Seed Grant Research Program** for medical students and residents that will provide grants to help them conduct projects. These funds will round out new project budgets, rather than sustain current initiatives.

The awards to be given will range from \$1,500 - \$2,500 and will support research in the following areas:

- Cardiovascular/Pulmonary Diseases
- Arthritis and Rheumatism
- HIV/AIDS
- Neoplastic Diseases
- Neurological Disorders

HOW TO APPLY

Medical students and residents from accredited US institutions should submit:

1. Application (attached)
2. Letter of recommendation from their institutions
3. CV
4. Work Plan
5. Budget
6. Timeline

DEADLINE: deadline for applications is October 31, 2002; grant recipients announced on January 31, 2003.

AMA FOUNDATION SEED GRANT CRITERIA

Clinical and applied research projects that have:

- Worthy research objective
- Scientifically sound project design
- Demonstrate need for start-up, interim, or supplemental funding on a time limited basis
- Significantly help young researcher involved in an applied/clinical research project
- Not associated with product research and development activities
- Pursued in the US
- Funding from other sources not effectively available
- Contribute meaningfully to the project

* Grants recipients will be expected to submit a report regarding their research findings within 90 days of the project's completion.

For more information, call 1-800-AMA-3211, ext 5357.



**APPLICATION FOR THE
AMERICAN MEDICAL ASSOCIATION FOUNDATION
SEED GRANT RESEARCH PROGRAM**

TO: American Medical Association Foundation
 Attn: Seed Grants
 515 N. State Street
 Chicago, Illinois 60610

DATE: _____

TITLE OF PROJECT: _____

TYPE OF RESEARCH (please indicate type of research)

HIV/AIDS	<input type="checkbox"/>	Neurological Disorders	<input type="checkbox"/>
Arthritis and Rheumatism	<input type="checkbox"/>	Neoplastic Diseases	<input type="checkbox"/>
Cardiovascular/Pulmonary Diseases	<input type="checkbox"/>		

TOTAL AMOUNT REQUESTED: \$ _____

APPLICANT
Last name, first name, initial
Social Security Number
Degree(s), date(s) received or pending
Present Institution
Street and number, city, state, zip code *
Telephone, facsimile, e-mail

* Checks will be mailed to this address unless otherwise specified.

In applying for this grant, I agree to utilize these funds for the purposes described in this application.

Applicant Signature _____

ABSTRACT

Name of Applicant

Title of Project

Use this space to summarize concisely your proposed research, including hypothesis, outline of objectives, methods and relevance to the areas of medicine you have selected. (You may use a total of two pages to complete this part of the application.)