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| aslms_text_4c small | **Student Research Grant Application**  **Cover Page**  (Do not exceed character length/size restrictions)  2025 | | | | | | | **For ASLMS Purposes Only** | | | |
| Date Received | |  | |
| 1. TITLE OF PROJECT | | | | | | | | 1. [ ] Clinical Science   [ ] Basic Science | | | |
| 3. NAME OF APPLICANT | | | | | | | | | | | |
| 4. ORGANIZATION | | | | | | | | | | | |
| 5. MAILING ADDRESS | | | | | | | | | | | |
| 6. ADDITIONAL ADDRESS | | | | | | | | | | | |
| 7. CITY | | 8. STATE | | 9. COUNTRY | | | 10. ZIP/POSTAL CODE | | | | |
| 11. TELEPHONE | | | | 12. FAX | | | | | | | |
| 13. EMAIL ADDRESS | | | | | | | | | | | |
| 14. IS THE APPLICANT AN ASLMS MEMBER?  [ ] YES [ ] NO  *If no, log on to* [*www.aslms.org*](http://www.aslms.org) *and click on “Member Services”, “Membership | Join” to complete and submit a membership application.* | | | | | | | | | | | |
| 15. NAME OF ASLMS MEMBER PROVIDING LETTER OF SUPPORT | | | | | | | | | | | |
| 16. NAME OF THE ORGANIZATION WHICH WILL PROVIDE THE RESEARCH INFRASTRUCTURE IF  DIFFERENT FROM THAT OF THE APPLYING INDIVIDUAL ORGANIZATION | | | | | | | | | | | |
| 17. DOES THE PROPOSED RESEARCH INVOLVE HUMAN SUBJECTS? [ ] YES [ ] NO | | | | | | | | | | | |
| 18. IF YES, IS THE IRB REVIEW PENDING?  [ ] YES**\*** [ ] NO  IRB APPROVAL DATE | | | | | 19. NAME OF APPROVING IRB | | | | | | | |
| 20. WILL VERTEBRATE ANIMALS BE USED? [ ] YES [ ] NO | | | | | | | | | | | |
| 21. IF YES, IS THE IACUC REVIEW PENDING?  [ ] YES\* [ ] NO  IACUC APPROVAL DATE | | | | | 22. NAME OF APPROVING IACUC | | | | | | | |
| 23. DATES OF PROPOSED RESEARCH PROJECT  Start Date       Completion Date | | | | | 24. GRANT AMOUNT REQUESTED | | | | | | |
| 25. EXECUTIVE SUMMARY PAGE COUNT  (Maximum four pages including graphs, photos, charts, diagrams, tables, etc.) | | | | | | | | | | | |
| 26. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR NAME (Last, First, Middle) | | | | | | | | | | | |
| 27. POSITION TITLE | | | | | | | | | | | |
| **\***Note: Applicants will have 60 days of the award being made to provide evidence they are aggressively pursuing approval for this research. Each grant applicant’s situation will be monitored and evaluated individually, and at a point in time that it appears approval will not be given, or the applicant is not diligent in pursuing approval, the grant award will be withdrawn. | | | | | | | | | | | |
| **BIOGRAPHICAL SKETCH** | | | | | | | | | | |
| EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education) | | | | | | | | | | |
| 28. INSTITUTION AND LOCATION | | | 29. DEGREE (if applicable) | | | 30. MM/YY | | | 31. FIELD OF STUDY | |
|  | | |  | | |  | | |  | |

32. The Biographical Sketch may not exceed four pages. Follow the format and instructions below.

32a. Experience and Qualifications

Briefly describe why your experience and qualifications make you particularly well-suited for your role in the project that is the subject of the application.

32b. Positions and Honors

List in chronological order previous positions pertinent to the degree you are seeking, concluding with the present position. List any honors.

32c. Selected Peer-Reviewed Publications

Maximum of 15. Do not include manuscripts submitted or in preparation. The applicant may include publications based on timeliness, importance to the field, and/or relevancy.

32d. Research Support

List both selected ongoing and completed research projects. Begin with the projects that are most relevant to the research proposed in the application. Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of persons, months, or direct costs.

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| **BUDGET DESCRIPTION** |

33. BRIEFLY DESCRIBE HOW THE REQUESTED RESEARCH FUNDS WILL BE USED

**Note: One page only.**

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| **EXECUTIVE SUMMARY** |

34. DESCRIBE YOUR PROPOSED PROJECT

(**Four page maximum**—refer to Student Research Grant Instructions/Guidelines for information on page formatting)

The ASLMS Research and Development Committee will use the following criteria for their assessment and ranking of grant applications. Each of these criteria has been determined to be important.

35. PROPOSED RESEARCH IS ALIGNED WITH THE INTENT OF THE ASLMS RESEARCH PROGRAM WHICH IS TO “INVESTIGATE AND/OR DEVELOP MEDICAL AND/OR SURGICAL APPLICATIONS OF LIGHT BASED AND RELATED TECHNOLOGY WHICH HAVE A DIRECT AND TIMELY IMPLICATION FOR IMPROVING PATIENT CARE.”

36. IS DETERMINED TO BE FEASIBLE BASED UPON EVIDENCE OF PAST RESEARCH, LITERATURE REVIEW AND/OR OTHER EVIDENCE PROVIDED IN THE APPLICATION.

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37. THE RESEARCH AND PROJECT EVALUATION METHODOLOGIES ARE APPROPRIATE AS PROPOSED. CONSIDERATION FOR ACHIEVING STATISTICALLY SIGNIFICANT RESULTS IS PRESENT.

38. ENLISTS THE EXPERTISE OF PRIMARY INVESTIGATOR(S) WHOSE CAPABILITIES/ QUALIFICATIONS ARE ALIGNED WITH THE PROPOSED RESEARCH AND IDENTIFIES FACILITIES AND BUDGET NECESSARY TO SUCCESSFULLY COMPLETE THE PROJECT.

39. APPLICANT PROPOSES TO RESEARCH A NEW AND/OR AN INNOVATIVE IDEA AND/OR CONDUCT AN INNOVATIVE/NOVEL APPROACH TO RESEARCH.

40. INCLUDES PLANS/CAPABILITIES TO CONTINUE THE RESEARCH PROJECT BEYOND THE ASLMS FUNDING CYCLE.

41. IS ENDORSED BY OTHER REPUTABLE RESEARCHERS AND/OR IS SUPPORTED BY OTHER DIRECT FINANCIAL SUPPORT AND/OR IN-KIND SUPPORT FROM OTHER SOURCES.

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| **SIGNATURES** |
| **APPLICANT SIGNATURE** |
| 42. I certify that the statements herein are true, complete, and accurate to the best of my knowledge and agree to the terms and conditions of the ASLMS Student Research Grant Program.  TYPED NAME OR SIGNATURE OF APPLICANT |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICIAL SIGNING FOR APPLICANT ORGANIZATION** | | | |
| 43. NAME | | | |
| 44. TITLE | | 45. DEPARTMENT | |
| 46. STREET ADDRESS | | | |
| 47. ADDITIONAL ADDRESS | | | |
| 48. CITY | 49. STATE | 50. COUNTRY | 51. ZIP/POSTAL CODE |
| 52. TELEPHONE | | 53. FAX | |
| 54. EMAIL ADDRESS | | | |
| 55. I certify that the statements herein are true, complete, and accurate to the best of my knowledge and agree to the terms and conditions of the ASLMS Student Research Grant Program.  TYPED NAME OR SIGNATURE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION | | | |

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| **ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE** | | | | |
| 56. NAME | | | | |
| 57. TITLE | | | 58. DEPARTMENT | |
| 59. STREET ADDRESS | | | | |
| 60. ADDITIONAL ADDRESS | | | | |
| 61. CITY | 62. STATE | 63. COUNTRY | | 64. ZIP/POSTAL CODE |
| 65. TELEPHONE | | 66. FAX | | |
| 67. EMAIL ADDRESS | | | | |

| **CONDITIONS ASSOCIATED WITH GRANT AWARD, IMPLEMENTATION,**  **COMPLETION, AND REPORT OF FINDINGS TO ASLMS** |
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| 68. Grant Purpose. The research grant funds will be used consistent with the budget, location, personnel, and the purpose(s) as described in the recipient’s ASLMS Student Research Grant Application. Any significant variance in the use of the grant funds will require the approval of the ASLMS Central Office. The recipient will notify the ASLMS Central Office of any circumstances which may preclude the recipient from completing the research project consistent with the methodology set forth in the Grant Application, or by the anticipated completion date.  69. IRB, IACUC OR FDA Approval. Grant recipients who do not have prior IRB, IACUC, or FDA approval, will have 60 days after the award has been made to provide evidence they are aggressively pursuing approval for this research. Each recipient’s situation will be monitored and evaluated individually, and at a point in time that it appears approval will not be given, or the recipient is not diligent in pursuing approval, the grant award will be withdrawn. Grant funds will not be disbursed until IRB, IACUC, or FDA approval is obtained and sufficient documentation is submitted to the ASLMS Central Office for review and authorization by the Research and Development Committee. International recipients may not be familiar with or have requirements comparable to the United States IRB and/or IACUC processes. If the recipient’s country requires comparable processes, then the recipient should complete the form with the requirements of the recipient’s country in mind. If comparable processes are not required in the recipient’s country, the recipient should not complete that section of the first page of the application. Additional proof of compliance with institution guidelines may be requested by the Research and Development Committee.  70. Abstract & Publication Requirements. The grant recipient will submit an abstract for review by the first abstract deadline immediately following completion of the research project. The recipient is responsible for monitoring the ASLMS website for the abstract deadline. The recipient must be listed as the abstract’s author. If selected, the recipient will attend and present the findings of the research project at the next ASLMS Annual Conference which follows the completion of the research project. If not selected, the grant recipient will submit a manuscript describing the funded research for publication in the ASLMS Journal Lasers in Surgery and Medicine (LSM). The recipient must receive formal notification from LSM that the manuscript will not be published before submitting the manuscript to another publication.  71. Payment Schedule. The recipient agrees to the described schedule of grant payments outlined in the Grant Acceptance Form provided upon award notification. The recipient will return all research grant funds which are not expended in the completion of the research project. Research grant funds will be available beginning July 1st of the grant application year.  72. Summary and Photo Submission.  Within three (3) months following the completion of the research project, the grant recipient will submit a professional photo and a written summary of their experience (1000 words or less) with the grant submission process and how it supported their research efforts for use in future ASLMS newsletters and other marketing initiatives.  73. Fund Summary. Upon request of the ASLMS, the recipient will promptly provide the ASLMS with a summary or accounting of the funds expended by the applicant on the research project.  74. Acknowledgment. The recipient will include appropriate acknowledgment of the ASLMS as the funding source for the research project in all reporting and/or publishing of the research project results.  If your application for an ASLMS grant is not awarded, you will automatically be considered for the A. Ward Ford Memorial Research Grant funded by the Community Foundation of North Central Wisconsin. This organization also offers a grant for up to $65,000 for direct clinical or basic science research investigating current use or potential new applications of laser or other light-based therapy.  If you do not want to be considered for the A. Ward Ford Memorial Grant, please check the box. <https://www.aslms.org/for-professionals/grants-awards/research-grants/a-ward-ford-memorial-research-grant>  I do not wish to be considered for the A. Ward Ford Memorial Grant |