The Hypersomnia Foundation is pleased to offer research awards to support and recognize medical students, physician residents and fellows, postdoctoral fellows, and other researchers investigating idiopathic hypersomnia (IH). Applications are accepted on a rolling basis to support various projects, such as conference travel stipends and research internships/externships. On average, awards of $1000-$5,000 will be made, along with honorable mentions. Awardees will be expected to produce a written summary of their findings at the conclusion of the funding period. (Awardees not complying with this requirement will not be eligible for future funding.)

- Awards are intended to encourage and support individual scientists and educators who are working in the field of IH.
- The Brief Research Description in this Award Application will be used to understand the innovative nature and potential impact of the Applicant’s HF research/project.
- Awards may be used for travel, books, supplies, etc. in support of Awardee’s research/project. If the Awardee is affiliated with an institution that mandates payment of indirect costs, a maximum of 10 percent of the total grant may be used for this purpose. Any general office supplies or individual institutional administrative charges (such as telephone, other electronic communication, utilities, IT network, etc.) are considered to be part of indirect costs.
- Please note that the content of your application will be treated in accordance with the same ethics and confidentiality as that of an NIH scientific review.
- Awards will be made in US dollars.

SECTION 2
APPLICATION REQUIREMENTS

The following items are required for award consideration:

1. Cover Letter
2. Application Form
3. Work Plan and Timeline
4. Applicant CV (please also include CVs of co-researchers)
5. Recommendation Letter Signed by Research Mentor (or Colleague)
Applications may be submitted electronically (preferred) to info@hypersomniafoundation.org or via postal mail to Hypersomnia Foundation, Inc., 4514 Chamblee Dunwoody Road, #229, Atlanta, GA 30338.

Please contact Diane Powell at diane@hypersomniafoundation.org if you have any questions regarding the application process. We look forward to receiving your application.
Name___________________________________Title_________________________________
Co-Researchers_______________________________________________________________
Organization__________________________________________________________________
Address_____________________________________________________________________
City______________________________________ State ___________ Zip _______________
Phone______________________________Email____________________________________
Degrees, dates received or pending ______________________________________________________________________________________

Current Status: Medical Student _____ Medical Resident _____ Medical Fellow _____
Postdoctoral Researcher______ Other (describe) __________________________________

Is this project part of a course? Yes ___ No ___
If so, provide details ___________________________________________________________

Title of Project _________________________________________________________________________________________________

Total Amount Requested (in USD) $____________________

Briefly describe your interest in idiopathic hypersomnia research.

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(Continue on 1-2 additional pages if necessary)
Have you previously submitted this or a similar application to the Hypersomnia Foundation? If yes, please explain what is different about this re-submission?
___________________________________________________________________________
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Have you ever received financial support from the Hypersomnia Foundation? If yes, please list the title of each award, the year(s) you received such award(s), and the amount(s) of funding that you received.
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Brief Research Description

Outline your proposed research, including your hypothesis, objectives, methodology, outcomes, and relevance to the field of idiopathic hypersomnia. Also describe how the findings from this research will be shared, either through presentation or publication.
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(Continue on 1-2 additional pages if necessary)
Budget

Please describe how the requested funds will be used

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Consent for Use by Hypersomnia Foundation

By your signature below, you give permission to the Hypersomnia Foundation (HF) to utilize any results of your research that is funded through the HF Research Award Program. This includes, but is not limited to, use of the results in any displays, brochures, electronic newsletters, websites, journals, and any other medium now known or later developed, without any obligation to pay any royalties or fees. You also give your permission to the HF to use your name, image and likeness in connection with any report or summary of your research data or results, whatever the medium. Should there be any commercial or governmental interest in any of your data or research results, you agree that HF shall be entitled to a 10% share of any net revenue (meaning gross royalty income less all reasonable and actual out-of-pocket costs including expenses incurred by the Awardee’s institution (“Institution”) in pursuing patent or other statutory rights) received by such Institution for licensing the use of data or research results to a commercial or governmental entity. The sharing of any revenue shall be subject to any rights or obligations such Institution may have to the U.S. government or other third party.

Applicant Signature __________________________________________
Date________________________

If submitting electronically, type name as electronic signature.

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