

RESEARCH AWARD PROGRAM

APPLICATION & APPLICATION GUIDELINES

SECTION 1 INTRODUCTION

The Hypersomnia Foundation is pleased to offer individual researcher 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.
- Individual applicants should apply directly to the Hypersomnia Foundation for this award. Institutional applications will not be accepted.
- Awards are not Sponsored Projects and will not be granted to Institutions. No Institutional Indirect Costs may be charged against an Award.
- 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.
- 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)



SECTION 3
SUBMISSION & CONTACT INFORMATION

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.

RESEARCH AWARD PROGRAM APPLICATION FORM

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.

(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?

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.

Do you plan to submit this or a similar application to any other organization or agency?

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.

(Continue on 1-2 additional pages if necessary)

Budget

Please describe how the requested funds will be used

Consent for Use by Hypersomnia Foundation

By your signature below, you give permission to the Hypersomnia Foundation (HF) to utilize the data and any results of your research that is funded through the HF Research Award Program. This includes, but is not limited to, use of the data or 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 will be entitled to a 50% ownership stake in such data or research results, and entitled to a 50% share of any financial payments made by such commercial or governmental entity for such data or research results.

Applicant Signature _____

Date _____

If submitting electronically, type name as electronic signature.

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