

**FSH SOCIETY FELLOWSHIP GRANT APPLICATION**  
**Post-doctoral, Graduate Student or Pre-doctoral**



**SECTION I**

(Please submit original in electronic form by email to daniel.perez@fshsociety.org with subject line: “FSH Society Fellowship Grant Application”)

**PROJECT INFORMATION**

Project Information

Project Title:

Date of Proposed Project Period ( Day, Month, Year )

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Requested for Project: US\$ \_\_\_\_\_

**FELLOW AND MENTOR/PRINCIPAL INVESTIGATOR INFORMATION**

Fellow Information

Fellow Name:

Fellow Title:

Fellow Address:

Telephone (please include all codes):

Fax (please include all codes):

Email address:

Mentor/PI Information

Mentor/PI Name:

Mentor/PI Title:

Mentor/PI Address:

Telephone (please include all codes):

Fax (please include all codes):

Email address:

*Note: Please refer to Section 7 of the ‘FSH Society Policies on Awards for Research on FSHD’ for guidelines on funds: stipend, institutional allowance, and travel allowance. Kindly refer to Section 8 for guidelines on institutional expenditures: benefits, limitations on overhead, and supplemental funds.*

**INSTITUTION INFORMATION**

Institution Name:

Institution Address:

Telephone (please include all codes):

Fax (please include all codes):

Checks Payable / Wire Transfer To:

Address:

Person authorized to sign for the institution and to receive funds

Authorized Name:

Authorized Title:

Authorized Address:

Telephone (please include all codes):

Fax (please include all codes):

Email address:

**FSH SOCIETY FELLOWSHIP GRANT APPLICATION**  
**Post-doctoral, Graduate Student, or Pre-doctoral**

**SECTION I (Continued)**

**INSTITUTION INFORMATION (Continued)**

**Human Subjects** (check one):     Yes     No

If yes, please give

Exemption Number:

OR

IRB Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Assurance of Compliance E:

**Form HHS 596 attached** (circle one):     Yes     No

**Vertebrate Animals** (circle one):     Yes     No

If yes please give

IACUC approval date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Animal Welfare Assurance Number:

**SIGNATURES**

Authorized Person

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Post-doctoral, Graduate Student, or Pre-doctoral Applicant

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Research Sponsor

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*In signing this application, the applicant and the applicant Institution agree that all propagatable materials (including monoclonal antibodies, cell lines, biopsies, animal models, recombinant DNAs, and any propagatable cells) should be freely available to other investigators following publication. The Society's position is that there be no restriction or proprietary rights in materials produced with our support.*

**FSH SOCIETY FELLOWSHIP GRANT APPLICATION**  
**Post-doctoral, Graduate Student, or Pre-doctoral**

**SECTION II**

**PROJECT SUMMARY**

Please provide a concise (1 page maximum) summary of the proposed project that can be posted online by the FSH Society in the event your project is funded. Do not include proprietary information or information you otherwise want kept confidential.

**FSH SOCIETY FELLOWSHIP GRANT APPLICATION**  
**Post-doctoral, Graduate Student, or Pre-doctoral**

**SECTION III: BUDGET and BUDGET JUSTIFICATION**

**PROPOSED BUDGET**

Please provide a concise description on the following:

- Personnel costs (US\$) and a subtotal for personnel;
- Equipment costs (US\$) and a subtotal for equipment;
- Other costs (US\$) and a subtotal for other;
- Total grant costs (US\$).

**REMARKS**

Please provide budget justification for personnel (including % effort), equipment, and all other costs.

# **FSH SOCIETY FELLOWSHIP GRANT APPLICATION**

## **Post-doctoral, Graduate Student, or Pre-doctoral**

### **SECTION IV: ATTACHMENTS**

#### **ATTACHMENT I**

Attach a biographical sketch (NIH Format Sections A-C, (*see attached template Appendix A*)) for the Fellow, Mentor/PI, and other professional personnel involved. List training, experience and publications.

#### **ATTACHMENT II**

If Institutional Review Board (IRB) approval has been obtained, please attach the completed "Protection of Human Subjects Assurance/Certification/Declaration" form and check yes on the first page of this application. Any project using human subjects must be approved by the review board of the applicant institution. This requirement may be fulfilled by sending approved form #HHS 596, along with the statement of approval by the institution review board, to this office prior to receiving funding. We abide by the rules and regulations of the National Institutes of Health. These can be obtained by writing the NIH, Bethesda, Maryland, 20205. If animal subjects are involved, request *Principals For Use of Animals* and, in the case of warm-blooded vertebrates, the *Guide For the Care and Use of Laboratory Animals*.

#### **ATTACHMENT III**

Attach a list of other support current and pending for all projects in the Principal Investigator's laboratory, with regard to applicant and mentor (*for format see attached template Appendix B*).

#### **ATTACHMENT IV**

Attach a description of the proposed plan of this study with particular attention to the following items. Use additional numbered pages. The proposal should not exceed twelve (12) pages, excluding references.

1. Include a detailed presentation of the program stating the purpose of the study, the rationale of your approach and the experimental procedures that you propose to use.
2. Include the justification for undertaking this study; its relevance to Facioscapulohumeral Muscular Dystrophy (FSHD) and the specific needs for further knowledge in this area.
3. Include the facilities that are available and those that are essential for this project but not now available.
4. It may be helpful to include a flow-chart diagramming the proposed project, and what will happen depending on different results.
5. Attach a bibliography.

#### **ATTACHMENT V**

Training goals during period of award: identify skills, theories, conceptual approaches, etc. which you hope to learn or of which you wish to enhance your understanding. Describe how the proposed activities will contribute to the achievement of this learning.

#### **ATTACHMENT VI**

Reference reports and Sponsor/Mentor Commitment: Applicants are required to obtain 3 outside references, using the REFERENCE REPORT FORM, found below, and a Sponsor Form to outline the commitments of the mentor and sponsoring institution. Reference reports should be sent directly to Dan Perez ([daniel.perez@fshsociety.org](mailto:daniel.perez@fshsociety.org)) by the deadline. Sponsor Form should be included in the application.

**FSH SOCIETY FELLOWSHIP GRANT APPLICATION**  
**Post-doctoral, Graduate Student, or Pre-doctoral**

**SECTION IV: ATTACHMENTS VI**

**REFERENCE REPORT FORM**

Applicant Name:

Proposed Sponsoring Institution:

**NOTE TO RESPONDENT**

The above applicant selected you as a reference relative to his/her request for Facioscapulothoracic Muscular Dystrophy (FSH) Society Fellowship funding. Please complete this inquiry in English and e-mail promptly to Daniel Paul Perez, [daniel.perez@fshsociety.org](mailto:daniel.perez@fshsociety.org). This inquiry will be reproduced for review by the FSH Society Scientific Advisory Board and consultants. *Please put the applicant's name in the upper corner of any continuation page.*

**RATING OF APPLICANT**

Rate the applicant on the items below by a numerical score of "1" to "5", basing such ratings on the degree of accomplishment usually expected of individuals at this level. 1) = Outstanding, 2) = Above Average, 3) = Average, 4) = Below Average, 5) = Poor, X) = Insufficient Knowledge to Rate)

1. Originality	1	2	3	4	5	X
2. Accuracy	1	2	3	4	5	X
3. Research Ability	1	2	3	4	5	X
4. Scientific Background	1	2	3	4	5	X
5. Ability To Exchange	1	2	3	4	5	X
6. Perseverance In Pursuing Goals	1	2	3	4	5	X
7. Ability To Organize Scientific Data	1	2	3	4	5	X
8. Familiarity With Research Literature	1	2	3	4	5	X
9. Proficiency In Laboratory Work, If Relevant	1	2	3	4	5	X
10. Clinical Proficiency, If Relevant	1	2	3	4	5	X

**ADDITIONAL QUALIFICATIONS OF APPLICANT**

Please describe any qualifications and traits of special significance in judging the applicant's potential for a research career in the sciences related to health (emphasize research aspects). Describe any weaknesses that should be considered in evaluating the applicant *For Senior Fellowship applicants, briefly consider research accomplishments.*

**RESPONDENT INFORMATION**

Indicate dates and capacity (teacher, advisor, supervisor, or other) at the time associated with this applicant.

Respondent

Name:

Title:

Department:

Institution:

Signature:

Date    \_\_\_\_/\_\_\_\_/\_\_\_\_

**FSH SOCIETY FELLOWSHIP GRANT APPLICATION**  
**Post-doctoral, Graduate Student, or Pre-doctoral**

**SECTION IV: ATTACHMENTS VI**

**SPONSOR FORM** (*To be completed by Sponsor*)

**SPONSOR INFORMATION**

Sponsor Information

Sponsor Name:

Sponsor Position:

Institution Name:

Institution Address:

Telephone (please include all codes):

Fax (please include all codes):

Email address:

**RESEARCH AND TRAINING SUPPORT** (*Use template Appendix B; refer to SECTION IV, ATTACHMENT III*)

Make sure the Mentor fills out SECTION IV, ATTACHMENT III (*see attached Appendix B*): (1) Active support; (2) Applications pending review and/or funding; and (3) Applications planned on being prepared for submission. Include all Federal, non-Federal, and institutional grants and contract support. If none, state "NONE". For each item, give the source of support, identifying number, project title, name of the principal investigator/program director, time, or percent of effort on the project, annual direct costs, and entire period of support. (If part of a larger private, provide the titles of both the parent grant and the sub-project, and give the annual direct cost for each period.) If any of these overlap, duplicate, or are being replaced, or are supplemented by the present application, justify and delineate the nature and expense of the scientific and budgetary overlaps or boundaries.

**SPONSOR COMMENTS** (*Use additional sheets as necessary*)

A. Specify the research training plan (including classes, seminars, and other activities, if any) for the applicant. Describe the research environment and available research facilities. Include information that will help reviewing groups evaluate the applicant and proposed training. Indicate the relationship of the proposed research training to the applicant's career.

B. Comment on applicant's qualification and potential for a research career.

C. Indicate the total number of graduates and post-doctoral students who will be supervised directly during the tenure of the proposed fellowship.

**SIGNATURES**

Research Sponsor

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FSH SOCIETY FELLOWSHIP GRANT APPLICATION**  
**Post-doctoral, Graduate Student, or Pre-doctoral**

**APPENDIX A**  
**FOR USE WITH SECTION IV: ATTACHMENT I**

**ATTACHMENT I: BIOGRAPHICAL SKETCH**

Provide the following information for all key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

---

NAME:

---

POSITION TITLE:

---

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

**A. Personal Statement**

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields.

**B. Positions and Honors**

List in chronological order the positions you've held that are relevant to this application, concluding with your present position. For individuals who are not currently located at the applicant organization, include the expected position at the applicant organization and the expected start date.

List any relevant academic and professional achievements and honors. In particular:

Include scholarships, traineeships, fellowships, and development awards, as applicable.

Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.

**C. Contributions to Science**

Briefly describe up to five of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations.

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was. Note that while you may mention manuscripts that have not yet been accepted for publication as part of your contribution, you may cite only published papers to support each contribution.



**FSH SOCIETY FELLOWSHIP GRANT APPLICATION**  
**Post-doctoral, Graduate Student, or Pre-doctoral**

***APPENDIX B***

*FOR USE WITH SECTION IV: ATTACHMENT III*

**ATTACHMENT III: OTHER SUPPORT**

**Current Funding Support for Research Team**

Attach as many copies of this page as necessary to detail other support for all professionals involved in this project. Include current, pending, and planned grants.

**OTHER PROFESSIONALS INVOLVED**

Name:  
Grant Title:  
Funding Source:  
Grant Identifier:  
Status (circle one):   Active           Pending  
Principle Investigator:  
Role:  
Percent (%) Effort on Project:

**DATES AND COST OF ENTIRE PROJECT**

Please concisely describe dates and cost of entire project. For renewals include only the most recent competitive award.

**DATES AND COST OF CURRENT YEAR**

Please concisely describe dates and cost of current year.

**SPECIFIC AIMS**

Please concisely describe specific aims of the project.

**SCIENTIFIC AND BUDGETARY OVERLAP**

Please concisely describe scientific and budgetary overlap.

**ADJUSTMENT IF PRESENT APPLICATION IS FUNDED**

Please concisely describe any adjustments you will make if present application is funded.