



# American Asthma Foundation Research Program

## Application Cover Sheet for 2016 AAF Scholar Award

By **Tuesday, December 1, 2015, 5:00 PM, PST**, the complete application, with applicant and institutional signatures, must be uploaded as a PDF at the AAF website ([www.americanasthmafoundation.org/upload-files](http://www.americanasthmafoundation.org/upload-files)).  
Applications will not be accepted by email, fax or hard copy.

**APPLICANT** \_\_\_\_\_  
FIRST INITIAL LAST DOCTORAL DEGREE(S)

Project Title \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Professional Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of first independent faculty appointment (see Award Policies) \_\_\_\_\_ 

Although each Award names only one AAF Scholar, the AAF supports collaborative research, and additional investigators who will participate in the studies may be listed here either as Co-Investigators, who will play a direct role in the research, or as Collaborators, who will lend assistance and/or reagents, etc.

**CO-INVESTIGATORS** List name, doctoral degree(s), professional title, and institution. Use additional sheet if needed.

**COLLABORATORS** List name, doctoral degree(s), professional title, and institution. Use additional sheet if needed.

**DOES YOUR PROJECT INVOLVE HUMANS OR HUMAN TISSUES THAT REQUIRE IRB APPROVAL?** (check one): ☐ Yes ☐ No

**HOW DID YOU HEAR ABOUT THIS PROGRAM?** (check all that apply):

Internet search:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Personal email from AAF     | <input type="checkbox"/> Google/Google Ads                                      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Colleague                   | <input type="checkbox"/> Grant database (e.g., pivot.cos.com, grantforward.com) |                                      |
| <input type="checkbox"/> Internal institution notice | <input type="checkbox"/> Internet, other _____                                  |                                      |

**ADMINISTRATIVE ASSISTANT FOR APPLICANT:** Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**OFFICIAL TO BE NOTIFIED IF AWARD IS MADE:** Name \_\_\_\_\_

Position Title \_\_\_\_\_ Email \_\_\_\_\_

**OFFICIAL SIGNING FOR INSTITUTION:**

Name \_\_\_\_\_ Position Title \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Signature below indicates agreement to accept, if an Award is made, the obligation to oversee the prudent management of grant funds in accordance with AAF Research Program policies ([www.americanasthmafoundation.org](http://www.americanasthmafoundation.org)) and to assume responsibility for the oversight of human and/or animal studies according to US DHHS standards. I am aware that AAF Scholar Awards provide no institutional indirect costs or funds for rental of space. No budget is required at the time of application.

Signature of Institutional Official Signing for Applicant Institution \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_