

Connors Center IGNITE Awards

**2020 RESEARCH PROPOSAL COVER SHEET**

*Please submit this form via email to Winnie Ng, MPH, Connors Center Project Manager, at* **WTNG@bwh.harvard.edu**

*by 12pm on October 14, 2020*

|  |  |  |
| --- | --- | --- |
| **APPLICANT / PRINCIPAL INVESTIGATOR** | Name and degree |  |
| Email |  |
| BWH Department, Division |  |
| Academic Rank  |  |
| Number of years in current rank |  |
| Date PhD and/or MD awarded |  |
| If applying for both the IGNITE and First Look Awards, confirm preference (select 1) |  2020 IGNITE Award 2020 First Look Award Not Applicable |
| I confirm that I personally prepared this form (sign & date) |  |

|  |  |
| --- | --- |
| **PROJECT TITLE** |  |

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| **1-2 SENTENCE NARRATIVE IN LAY LANGUAGE** |  |

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| **DIVISION CHIEF, DEPT. CHAIR, LAB. PI, OR MENTOR** | First & Last Name |  |
| Email |  |
| I have reviewed and approved this application (signature & date) |  |
| **DEPT. ADMINISTRATOR** | First & Last Name |  |
| Email |  |
| I have reviewed and approved this application (signature & date) |  |

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**2020 LETTER OF INTENT FORM** (1-page maximum)

Please address the following three questions as they relate to your proposed research:

1. What is the major problem in medicine that you plan to study, and how does your proposal address either a female-specific or sex-differentiated question?
2. How do you plan on using this IGNITE Award to support your work to advance our understanding of novel diagnostics or therapeutics in women?
3. How do your previous experiences and accomplishments inform the current project?