Connors Center IGNITE Awards

**2022 RESEARCH PROPOSAL COVER SHEET**

*Please submit this form via email to Kathleen Moloney, MPH, at* *ConnorsCenter@bwh.harvard.edu*

*by 12pm on* ***November 8, 2021***

|  |  |  |
| --- | --- | --- |
| **APPLICANT / PRINCIPAL INVESTIGATOR** | Name and Degree |  |
| Email |  |
| BWH Department, Division |  |
| Academic Rank  |  |
| Number of years in current rank |  |
| Date PhD and/or MD awarded |  |
| Please indicate the IGNITE Award for which you are applying (select 1) |  [ ] 2022 Traditional IGNITE Award [ ] 2022 Specialized Cardiac & Vascular IGNITE Award [ ] Both IGNITE Awards (Only 1 LOI Form needed) |
| I confirm that I personally prepared this form (sign & date) |  |

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

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

|  |  |  |
| --- | --- | --- |
| **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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**2022 LETTER OF INTENT (LOI) 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?