Brigham/Harvard ROSA Center Pilot Awards

**2022 RESEARCH PROPOSAL COVER SHEET**

*Please submit via email to* [BWH\_SCORE@partners.org](mailto:BWH_SCORE@partners.org) *by 12pm on October 24, 2022.*

|  |  |  |
| --- | --- | --- |
| **APPLICANT / PRINCIPAL INVESTIGATOR** | First & Last Name and Degree |  |
| Pronouns (*optional*) | * She/her/hers * He/him/his * They/them/theirs * Write-in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email |  |
| BWH Department, Division |  |
| Academic Rank |  |
| Number of years in current rank |  |
| Date PhD and/or MD awarded |  |
| I confirm that I personally prepared this application (signature & date) |  |

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

|  |  |
| --- | --- |
| **PROJECT OVERVIEW IN LAY LANGUAGE**  (150-word max) |  |

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

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**DEMOGRAPHICS FORM FOR APPLICANTS**

This form is ***optional***.  It will be separated from the rest of your application and will not be distributed to reviewers.  We are asking these questions to track the effectiveness of our advertising efforts with the intent to solicit a diverse pool of applicants.  Results may be summarized and reported to the National Institutes of Health.

1. **With which gender do you most closely identify?**

\_\_\_ Female

\_\_\_ Male

\_\_\_ Non-binary/ third gender

\_\_\_ I use another term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Don’t Know

\_\_\_ Prefer not to say

1. **Are you someone with trans experience (meaning your gender identify does not align with your sex assigned at birth)?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Prefer not to say

1. **With which ethnic group do you most closely identify?**

\_\_\_ Hispanic/Latino

\_\_\_ Not Hispanic/ Not Latino

\_\_\_ Unknown

\_\_\_ Prefer not to say

1. **With which racial groups do you most closely identify?**

\_\_\_ American Indian or Alaska Native

\_\_\_ Asian

\_\_\_ Black or African American

\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_ White

\_\_\_ Unknown

\_\_\_ Prefer not to say