Women’s Health Interdisciplinary Stress Program of Research (WHISPR)

**2023 RESEARCH PROPOSAL COVER SHEET**

*Please submit via email to* *ConnorsCenter@bwh.harvard.edu* *by 5:00pm on January 23rd, 2023.*

|  |  |  |
| --- | --- | --- |
| **APPLICANT / PRINCIPAL INVESTIGATOR** | First & Last Name and Degree |  |
| Pronouns (*optional*) | She/her/hers  He/him/his  They/them/theirs  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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**  (150 word max) |  |
| **BRIEF DESCRIPTION OF METHODOLOGY**  (50 word max) |  |
| **RESEARCH TYPE** | Clinical Basic Population Animal Other\_\_\_\_\_\_ |
| **KEYWORDS (3-5)** |  |
| **Does your proposal fall within a priority area listed in the RFP?** | Stress and Health of Older Women Structural and Social Determinants of Health |

|  |  |  |
| --- | --- | --- |
| *For junior investigators only: (See definition in RFP)*  🞎 N/A | Mentor’s Name and Degree |  |
| Mentor’s Email |  |
| Mentor’s Title & Department |  |

|  |  |
| --- | --- |
| *For established investigators only:*  *(See definition in RFP)*  🞎 N/A | ***How does your proposal introduce a new line of research?*** *(100 word max)* |
|  |

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| --- | --- | --- |
| **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.

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

\_\_\_ Female

\_\_\_ Male

\_\_\_ Non-binary/Genderqueer

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

\_\_\_ 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 group(s) 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