**Gayle Brinkenhoff IGNITE Pilot Award for Breast Cancer Research**

**2023 RESEARCH PROPOSAL COVER SHEET**

*Please submit this form via email to Patricia Gallegos at* [*ConnorsCenter@bwh.harvard.edu*](mailto:ConnorsCenter@bwh.harvard.edu)

*by 12pm on* ***February 24, 2023***

|  |  |  |
| --- | --- | --- |
| **APPLICANT / PRINCIPAL INVESTIGATOR** | Name and Degree |  |
| 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 form (sign & date) |  |

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

|  |  |  |
| --- | --- | --- |
| **1-2 SENTENCE NARRATIVE IN LAY LANGUAGE** |  | |
| **KEYWORDS** | Please indicate 3-5 keywords to describe the disease area, methodology, and project. |  |

|  |  |  |
| --- | --- | --- |
| **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 and Title |  |
| Email |  |
| I have reviewed and approved this application (signature & date) |  |

Connors Center-Gayle Brinkenhoff IGNITE Awards

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ 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