Connors Center IGNITE Awards

**2024 RESEARCH PROPOSAL COVER SHEET**

*Please submit this form via email to Patricia Gallegos at* *ConnorsCenter@bwh.harvard.edu*

*by 12pm on* ***November 10, 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 |  |
| Please indicate any topic areas that this application falls under |  [ ] Cardiovascular, Cardio-metabolic, and Vascular Disease [ ] Breast Cancer [ ] Biomarker Discovery or Drug Delivery Systems |
| 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 |  |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ 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

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**2024 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?