Brigham/Harvard ROSA Center Pilot Awards

**2023 RESEARCH PROPOSAL COVER SHEET**

*Please submit via email to* BWH\_SCORE@partners.org *by 12pm on October 23, 2023.*

|  |  |  |
| --- | --- | --- |
| **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/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