

Connors Center IGNITE Awards 2025 RESEARCH PROPOSAL COVER SHEET

PROJECT TITLE			
1-2 SENTENCE NARRATIVE IN LAY LANGUAGE			
NEW OR OLD COLLABORATION	<input type="checkbox"/> New Collaboration <input type="checkbox"/> Old Collaboration	PLEASE INDICATE 3-5 KEYWORDS TO DESCRIBE THE DISEASE AREA, METHODOLOGY, AND PROJECT	
SUGGESTIONS FOR IMPARTIAL MGB REVIEWERS			

For BWH Investigator:

BWH INVESTIGATOR BACKGROUND & CREDENTIALS	Name, Degree; Email	
	Pronouns (optional)	
	BWH Department, Division	
	BWH Faculty Title	
	HMS Academic Rank, Number of years	
	Date PhD and/or MD awarded	
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)	

For Non-BWH MGB Investigator:

NON-BWH MGB INVESTIGATOR BACKGROUND & CREDENTIALS	Name, Degree; Email	
	Pronouns (optional)	
	MGB Institution, Department	
	MGB Faculty Title	
	HMS Academic Rank, Number of years	
	Date PhD and/or MD awarded	
DIVISION CHIEF, DEPT. CHAIR,	First & Last Name	
	Email	

LAB. PI, OR MENTOR	I have reviewed and approved this application (signature & date)	
DEPT. ADMINISTRATOR	First & Last Name	
	Email	
	I have reviewed and approved this application (signature & date)	