

Connors Center IGNITE Awards 2025 RESEARCH PROPOSAL COVER SHEET

APPLICANT / PRINCIPAL INVESTIGATOR	Name and Degree	
	Pronouns (<i>optional</i>)	<input type="checkbox"/> She/her/hers <input type="checkbox"/> He/him/his <input type="checkbox"/> They/them/theirs <input type="checkbox"/> Other: _____
	Email	
	BWH Department, Division	
	BWH Faculty Title	
	HMS Academic Rank	
	Number of years in current HMS academic rank	
	Date PhD and/or MD awarded	
	Please indicate any topic areas that this application falls under	<input type="checkbox"/> Cardiovascular, Cardio-metabolic, and Vascular Disease <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Biomarker Discovery or Drug Delivery Systems
	I confirm that I personally prepared this form (sign & date)	

PROJECT TITLE	
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1-2 SENTENCE NARRATIVE IN LAY LANGUAGE	
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KEYWORDS	Please indicate 3-5 keywords to describe the disease area, methodology, and project.	
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SUGGESTIONS FOR IMPARTIAL BWH REVIEWERS	
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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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