Brigham and Women's Hospital
Founding Member, Mass General Brigham

Mary Horrigan Connors Center
for Women's Health Research

Women's Health Interdisciplinary Stress Program of Research (WHISPR)
2026 RESEARCH PROPOSAL COVER SHEET
Please submit via email to ConnorsCenter@bwh.harvard.edu *by 5:00pm on* **November 7th, 2025.**

APPLICANT / PRINCIPAL INVESTIGATOR	Name and Degree	
	Pronouns (*optional*)	☐ She/her/hers ☐ He/him/his ☐ They/them/theirs ☐ 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	
	I confirm that I personally prepared this application (signature & date)	

PROJECT TITLE	
PROJECT OVERVIEW (150 word max)	
BRIEF DESCRIPTION OF METHODOLOGY (50 word max)	
RESEARCH TYPE	☐Clinical　　☐Basic　　☐Population　　☐Animal　　☐Other_____
KEYWORDS (3-5)	
Does your proposal fall within a priority area listed in the RFP?	☐Stress and Health of Older Women ☐Structural and Social Determinants of Health
Suggestions for 3-4 Impartial BWH Reviewers	

MENTOR	Mentor's Name and Degree	
	Mentor's Email	
	Mentor's Title & Department	
	Mentor's Signature	

DEPT. ADMINISTRATOR	First & Last Name	
	Email	
	Dept. Administrator's Signature	

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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 _____

   ___ Prefer not to say

2. **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

3. **With which ethnic group do you most closely identify?**

   ___ Hispanic/Latino

   ___ Not Hispanic/Not Latino

   ___ Unknown

   ___ Prefer not to say

4. **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