

REFERENCES (Applicant is responsible for having reference letters submitted to the Foundation. For each reference, specify Name, Title and Complete Address.):

1. (Proposed Supervisor) _____

2. _____

3. _____

IF GRANT IS APPROVED, CHECKS WILL BE MADE PAYABLE TO THE INSTITUTION AND SENT TO THE APPROPRIATE INSTITUTIONAL GRANT ADMINISTRATOR.

INSTITUTION: _____

send to: NAME: _____

TITLE: _____

ADDRESS: _____

I AM A PHYSICIAN WHO WILL BE ENROLLED IN A RHEUMATOLOGY FELLOWSHIP-TRAINING PROGRAM, AND I WILL NOT RECEIVE SALARY SUPPLEMENTATION FROM ANOTHER FELLOWSHIP OR SIMILAR AWARD.

Signature of Applicant

Date

PLEASE ATTACH THE FOUR-PAGE RESEARCH PLAN PROPOSAL AND CV

NEW YORK CHAPTER



*The mission
of the
New York Chapter
of the
Arthritis
Foundation
is to improve lives
through leadership
in the prevention,
control, and cure
of arthritis and
related diseases.*

**New York Chapter
Arthritis Foundation**
122 East 42nd Street, 18th Floor
New York, New York 10168-1898
(212) 984-8712

Request for Applications for

Arthritis Foundation, Inc., New York Chapter

Fellowship Award in Juvenile Arthritis 2009

General Information

The purpose of the Fellowship Award in Juvenile Arthritis to encourage and support rheumatology research by physicians-in-training.

The one year non-renewable Fellowships are awarded for clinical or biomedical research. Fellowship Awards are intended for physicians-in-training in recognized ABIM/ACR adult or pediatric rheumatology programs in the Chapter region. **Preference will be given to fellows in their 3rd or 4th year of training.** Fellowship awards consist of \$35,000 in salary support and an additional \$5,000 to defray the cost of laboratory expenses associated with the research project. Indirect costs will not be funded.

The Chapter will fund two Fellows from one institution only if it is not funding the second Fellow at the expense of a fundably scored Fellow at another institution. The award begins July 1, 2009.

Application is by paper submission only. Note: these application materials are available to be downloaded on the research section of the New York Chapter website: <http://newyork.arthritis.org>

An original and five copies of the application must be received by the Chapter office by *April 15, 2009*.

INSTRUCTIONS FOR APPLICATION AND RULES GOVERNING FELLOWSHIP GRANT

NEW YORK CHAPTER



JUVENILE ARTHRITIS FELLOWSHIP APPLICATION 2009

The Fellowship Award in Juvenile Arthritis

The purpose of the Fellowship Award is to encourage and support rheumatology research by physicians-in-training. Fellowship Awards consist of \$35,000 in salary support and an additional \$5,000 to defray the cost of laboratory expenses associated with the research project.

Eligibility Criteria for Fellowship Award

A Fellowship Award may be awarded to a physician-in-training in a recognized ABIM/ACR adult or pediatric rheumatology program in the Chapter region. Preference will be given to fellows in their 3rd or 4th year of training.

Application

The application form should be submitted along with a description of the proposed research plan and the applicants CV. Three letters of reference should be submitted to the Chapter office directly by the referring individuals. The Chapter will fund two Fellows from one institution only if it is not funding the second Fellow at the expense of a fundably scored Fellow at another institution.

Research Plan Proposal

The applicant is solely responsible for writing the proposal. This should be well formulated and presented in sufficient detail to be evaluated for its training potential and scientific merit. Answer the following questions: What do you intend to do? Why is the work important? What has already been done? How are you going to do the work?

The written proposal must not exceed four single-spaced, typewritten pages as follows:

- One (1) page for the background and the significance of the research. Describe previous work done on the same and related research. Include descriptions of your own work as well; if none, please state. Carefully select references that best represent your points. List selected references at the end of the research plan. These do not count against the page limit. Each citation must include the names of all authors, the name of the book or journal, volume number, page numbers, and year of publication.
- Three (3) pages for the research and the experimental design and method.

Letters of Reference

Three letters of reference are to be sent to the New York Chapter office directly by the referring individuals.

One letter must be from the proposed supervisor of the research program. It should include information with respect to the following:

- The proposed supervisor's qualifications to direct the applicant's research project.
- The resources available for the project.
- The percentage of the applicant's time that will be devoted to research.
- The source and extent of any supplemental stipend provided by the sponsoring institution.
- Any other applications pending or planned for the applicant's support.
- Statement that the applicant is a physician in a rheumatology program.

Interview

A personal interview of the applicant will be requested at the convenience of the review subcommittee.

Salary Support

The recipient of a New York Chapter Fellowship will not receive salary supplementation from another fellowship or similar award. However, the sponsoring institution may supplement a fellow's stipend up to a level consistent with institutional policies.

Deadline

Letters of reference and an original and five (5) copies of the completed application and research plan must be received in the Chapter office by **April 15, 2009**. Send to: **Arthritis Foundation, New York Chapter**
122 East 42nd Street, 18th Floor, New York, NY 10168-1898

NAME OF APPLICANT: _____ HIGHEST DEGREE: _____

PRESENT HOME ADDRESS: _____

DATE OF BIRTH: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

MALE

FEMALE

U.S. CITIZEN

RESIDENT ALIEN

NON-RESIDENT ALIEN

NAME OF INSTITUTION, DATES AND DEGREES FOR THE FOLLOWING:

COLLEGE: _____

MEDICAL SCHOOL: _____

OTHER: _____

POST-DOCTORAL TRAINING (*Position, Name of Institution, Dates*): _____

PRESENT POSITION (*Title, Institution, Department*): _____

MAILING ADDRESS: _____

TELEPHONE: _____ E:MAIL: _____

PRESENT SUPERVISOR (*Name and Title*): _____

TITLE OF PROPOSED RESEARCH PROJECT: _____

WHERE WORK WILL BE PERFORMED (*Department, Institution*) _____

Address _____

Telephone _____