# SOUTH AND THE STORY OF THE STOR

#### AMERICAN SOCIETY OF HEMATOLOGY

## Hematology Opportunities for the Next-Generation of Research Scientists Award (HONORS) Application

The Hematology Opportunities for the Next-Generation of Research Scientists Award program is open to medical students and residents at institutions in the United States, Mexico, or Canada.

Please review the Eligibility Requirements and the Award Terms on the ASH web site.

#### **Application Submission Process**

- Applications MUST be submitted electronically to <u>training@hematology.org</u> by 11:59 pm, Eastern, February 22, 2013.
- Only electronic submissions will be accepted.
- The file should be named in the following format: HONORS Award Last name-First name Application 2013.pdf
- Only ONE submission will be accepted. No updates, revisions, changes, or additions will be accepted or considered.
- All submissions MUST include the required documents listed below, in the order below, and be submitted as one PDF file to be accepted or considered.
  - Complete Hematology Opportunities for the Next-Generation of Research Scientists
     Award Application Form
  - Applicant Biosketch Standard NIH format (4 page limit)
  - Mentor Biosketch Standard NIH format (4 page limit)
  - Mentor Letter of Support (1 page limit at 12 point font with .5 inch margins)
  - Personal statement of applicant outlining career development plan, significance of hematology regarding future career, and impact of Hematology Opportunities for the Next-Generation of Research Scientists Award (2 page limit at 12 point font with .5 inch margins)
  - Research Proposal (all six requirements combined cannot exceed a 2 page limit at 12 point font with .5 inch margins)
    - I. Scientific Question
    - II. Background to Project
    - III. Proposed Method
    - IV. Anticipated Results
    - V. Expected Timeline (Date the applicant will complete his/her work on the project)
    - VI. Significance

An email from ASH will be sent to the applicant within one business day of receiving the application to confirm receipt. If an email is not received, the applicant should notify ASH staff immediately. Failure to notify ASH could result in the application not being reviewed.

Any submission that does not follow the application requirements, is not formatted correctly, is lacking information, has incorrect information, or is lacking required documents will be deemed ineligible and will not be reviewed by the study section. There will be no appeals or consideration for additional or further review once an application has been determined to be ineligible.



SECTION 1: APPLICANT INFORMATION  If selected for an award, applicant agrees to cite support from the American Society of Hematology (ASH) in any publication or poster describing research conducted during the tenure of the award.					
any publication	n or poster describing res	earch condu	cted during the t	enure of the aw	ard.
•	ematology Opportunities uire an ASH Annual Meeti			esearch Scientis	ts Award does not
First Name				Middle Initial	
Last Name				Degree (s)	
At time of application applicant is a:  Medical Student Resident			At time of the award (June 2013) applicant will be: a:  Medical Student Resident		
Home Institution Name					
Mailing Address as of May 2013*					
City/Town			State/Province	ce	
Country Code/ Code	'Postal		Country		
Personal E-ma Address (Do not use ad supplied by yo academic institution)	ldress ur				
Academic insti email address	tution				
Phone Numbe	r		Other Teleph	ione	
ASH Member Number (if available):  *Please provide the information that you have listed for your ASH membership if you are an ASH member.					



	EARCH MENTOR				
				g program director, or an individual	
	•	ities of overseeing	the student's work a	nd progress. The mentor must be an	
ASH member in	good standing.				
F:					
First Name					
Last Name					
Degree (s)					
Research Mento	or Institution				
	re research will b				
	fferent from abo	ve)			
Mentor position	n during time of				
funding					
ASH Member N	umber:				
(Mentors MUST	be members of	ASH in good standi	ng at the time the ap	oplication is submitted and remain	
members of ASI	H in good standir	ng for the duration	of the HONORS fund	ling period.)	
Mentor Institution Mailing Address					
Wentor instituti	ion ivialling Addr	ess			
City/Town			State/Province		
Zip Code/Count	ry				
Code/Postal Co	•		Country		
E-mail Address				·	
Phone Number			Other Telephon	ie	
Payment Mailin	g Address (if diffe	erent from above)	·		
•		•			
Attention:					
City/Town			State/Province		
Zip Code/Country Code/Postal			Country		
Code			Country		
Email Address					
Phone Number		Other	Telephone		



SECTION 3: RESEARCH PROPOSAL			
Research MUST be conducted at an institution that has an active second year medical school hematology course or an active hematology or Hematology/Oncology fellowship.			
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Study Title			
My research is in: Benign Hematology or Malignant Hematology or Other			
I work in: Adult Hematology or Pediatric Hematology or Other			
Have you applied to the ASH Trainee Research Award previously?			
Have you received an ASH Trainee Research Award?    Yes   No			
My project is a: (select only one)  Short project  Long Project			
Time period during which the research will be conducted:			



SECTION 4: APPLICANT SURVEY			
Survey responses will not be used by the study section in relation to the application review.			
At the time of application:			
1. How interested are you in hematology?  Choose one:  Very interested  Somewhat interested  I don't know enough to know if I am interested,  I am interested but know very little about hematology  Not interested.			
<ol> <li>Which of the following appeals to you about the award (check all that apply):         <ul> <li>A chance to connect with a hematology mentor</li> <li>A chance to find out more about hematology as a specialty, find out more about hematological research, none of the above</li> <li>Other (please list)</li> </ul> </li> <li>Have you considered choosing hematology as a subspecialty?</li> </ol>			
Yes No			
Section 5: TERMS AND CONDITIONS AND SURVEY REQUESTS			
Applicants and awardees of the 2013 program will be surveyed on their progress. For those who are chosen for the award a survey will be sent upon project completion. Follow-up surveys will be sent once a year following the completion of the award until a specialty is chosen.			
By accepting the award the applicant agrees to all terms and conditions and to answer all survey requests.			
Yes No Applicant Name			
Yes No Mentor Name			



Demographic Survey Statement of Purpose					
You are not required to provide your demographic information for application eligibility. Although the following questions are voluntary, we encourage you to respond as your answers will help ASH report on workforce diversity to funding agencies.					
Survey Participation Preference (REQUIRED)  If you choose not to participate in the survey, please check the "No" box below. However, please note that you must return this form with your application. Responses will not be used by the study section in relation to the application review.					
Please check either the "Yes" or "No" box to indicate whether or not you would like to participate in the survey.					
Yes, please use my demographic information.  No, I would rather not answer these questions.					
Demographic Specifics (OPTIONAL)  If you have checked the "Yes" box above, please answer the following questions.					
What is your racial background (check one or more)?					
☐ Black or African American ☐ American Indian/Alaska Native ☐ White ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Other	What is your ethnic background (check one)?  Hispanic or Latino Not Hispanic or Latino				
Gender?  Male Female					
Do you have any disabilities?  Yes  No					
Thank you for your participation in the survey.					