Student Government Association

Academic Year 2014-2015

Spring Semester

Modified February, 2015 by SGA

Spring Deadline: April 6, 2015

Submit to: Timothy Horan (thoran@une.edu), Chair of the SGA Professional Development Committee

OVERVIEW

The UNECOM Student Government Association has established the Carmen Pettapiece Student Research Fund in an effort to support all areas of medically oriented research conducted by UNECOM students. Students may apply for financial support through this fund in order to:

* Conduct a research project in Osteopathic Manipulative Medicine, Clinical, Biomedical or Public Health
* Purchase research supplies

If applying for funding to complete a research project, the maximum amount rewarded to any one student will be $2,400 (a $2,000 stipend and a $400 allowance for research supplies). This amount will be dispersed in one allotment upon acceptance. Students will be required to present their research on campus at lunch or after classes before their peers. The format and date of the presentation will be left up to the student.

\*Please note: students are generally asked to first maximize all other sources of UNECOM funding for conferences (i.e. The Educational Enhancement Fund (see Office of Constituent Services)); Pettapiece will consider funding remaining costs and won’t cover food costs.

Carmen Pettapiece, D.O. Student Research Fund

The University of New England College of Osteopathic Medicine

If applying for funds to purchase expendable supplies, students may apply for a maximum of 50% of expenses, not to exceed $400. For example, if your total expenses are over $800, you will receive a maximum award of $400 for supplies.

APPLICATION PROCESS

Students may utilize this fund once per academic year. Grant funding is competitive. Therefore, students applying for funds through this grant must demonstrate the scientific merit of the research and how it will enhance the practice of medicine.

**TIMELINE**

* March 24, 2015: Application Due
* March 24 - April 3, 2015: Pettapiece Committee meets to discuss applications
* April 4-10, 2015: Applicants will be notified of their acceptance/rejection
* May 2015: Funding will be distributed

APPLICATION REVIEW PROCESS

1. Upon receipt of completed application(s), the Chair of the SGA Professional Development Committee will convene a committee meeting to review the materials submitted. Applicants should be available at this time to answer any questions.

2. With the guidance of the faculty advisor(s), applications will be ranked by scientific merit and contribution to medicine.

3. Committee members shall vote on applications to be presented to the SGA for funding; the Chair shall vote only in the event of a tie.

4. Applicants shall be notified of the status of their proposals within 1 month of submission.

**A COMPLETE APPLICATION WILL CONSIST OF THE FOLLOWING**:

1. Summary of the proposal (4-6 pages in length) to include:

* Background and significance (including appropriate citations of the relevant literature)
* Research question to be investigated
  + Hypothesis (including relationship of hypothesis to the practice of medicine)
* Methodology and experimental design
  + Major Methods (procedures, controls, subjects, variables, special techniques)
  + Data Collection (observations, measurements, and/or records to be employed/maintained)
* Anticipated Data Analysis (if possible, overview of planned analysis, including statistical reasoning)
* Conclusion
  + Other pertinent information
  + How will your research benefit UNE?
  + Have you applied for other funds? Why Pettapiece?

Note: If applying for research supplies, explain how these supplies will enhance your research.

2. Carmen Pettapiece, DO Student Research Fund Checklist and Forms A-C

(Form D to be submitted following your attendance at a conference or at the close of the grant period for a research project).

3. Verification of Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC) approval of project (if applicable). If the project does not require approval, a letter from the chair of the committee stating that the project does not need such approval is highly recommended.

1. Letter of support from a UNECOM Mentor supporting the proposal
2. Letter of support from your Project Advisor if the project is being conducted off-campus

6. Timeline for project

Note: If multiple students are involved with the same project, only 1 application may be submitted.

A APPLICATION FOR RESEARCH GRANT

Please check one of the following:

\_\_\_\_\_ I am applying for the $2,000 stipend only

\_\_\_\_\_ I am applying for the $2,400 grant (a $2,000 stipend and a $400 allowance for research supplies)

\_\_\_\_\_ I am only applying for funds to purchase supplies (a grant of up to 50% of expenses at the maximum of $400)

Application is hereby made for a grant in the amount of $\_\_\_\_\_\_\_\_\_\_\_ for the period of \_\_\_\_\_\_\_\_\_\_

through \_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of conducting a research project on the following subject:

Title of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Project Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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UNECOM Mentor (if different from above)\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Co-investigator(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*ALL projects, whether at UNECOM or elsewhere, must have a UNECOM liaison advisor. Please find a faculty member who can serve as your contact person if you intend to conduct research off-campus.

AGREEMENT IN REGARD TO GRANTSINAID AS A RESULT OF THIS APPLICATION

The undersigned agrees:

(1) To expend funds granted by the University of New England College of Osteopathic Medicine

(UNECOM) Student Government Association (SGA) solely for the purpose of the research specified

herein.

(2) To keep careful records of the conduct of this project and all matters pertinent to it, including a

detailed account of funds, materials, and equipment. Reasonable care, maintenance, and

insurance of all major equipment shall be provided; written evidence of such insurance shall be

provided to the UNECOM SGA.

(3) To return any unexpended funds at the end of the grant period.

(4) To present study results to the UNECOM community at a time to be determined.

(5) That when publishing results of investigations, support from the UNECOM SGA shall be

acknowledged.

APPLICATION FOR GRANT FROM THE CARMAN PETTAPIECE, DO, STUDENT RESEARCH FUND OF THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE (STUDENT GOVERNMENT ASSOCIATION)

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Printed Name of Principal Investigator Signature of Principal Investigator Date

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Printed Name of UNECOM Mentor Signature of UNECOM Mentor Date

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Printed Name of Selection Committee Chair\* Signature of Selection Committee Chair Date

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Printed Name of SGA Treasurer\* Signature of SGA Treasurer Date

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Printed Name of SGA President\* Signature of SGA President Date

\*These signatures are not required for submission; will be obtained by the Professional Committee Chair during review process

B BUDGET REQUEST WORKSHEET

(Attach additional sheets as necessary)

Title of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you planning to apply for a Dean’s Research Fellowship? YES\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_

Are you planning to apply for Educational Enhancement Funds? YES\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_

ALL RECEIPTS FROM CONFERENCES OR FOR RESEARCH SUPPLIES MUST BE RETAINED FROM THE EVENT/TRIP and SUBMITTED FOLLOWING YOUR ATTENDANCE

Expendable Supplies

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Spent/Proposed $\_\_\_\_\_\_\_\_\_\_

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Permanent Equipment\*

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Spent/Proposed $\_\_\_\_\_\_\_\_\_\_

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Laboratory Analysis

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Spent/Proposed $\_\_\_\_\_\_\_\_\_\_

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Diagnostic Procedures

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Spent/Proposed $\_\_\_\_\_\_\_\_\_\_

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Miscellaneous

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Spent/Proposed $\_\_\_\_\_\_\_\_\_\_

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TOTAL $\_\_\_\_\_\_\_\_\_\_

TOTAL REIMBURSED$\_\_\_\_\_\_\_\_\_\_

\*Please note: Pettapiece will not fund permanent lab equipment such as laptop/desktop computers, computer/TV monitors, computer software, etc.

C PERSONAL DATA SHEET

Title of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Local Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Academic Degree(s) Prior to Medical School:

(College / University, Year of Graduation, Degree)

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Scientific papers and Other Research (bibliographic information for published, date for

unpublished):

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Employment and/or Military Experience:

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D FINAL SUMMARY OF BUDGET AND FINANCIAL STATEMENT

\*\*\*\*\*\*\*Attach all receipts – To be completed at project completion\*\*\*\*\*\*\*

Title of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you planning to apply for a Dean’s Research Fellowship YES\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_

Expendable Supplies

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expended Amount $\_\_\_\_\_\_\_\_\_\_

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Permanent Equipment

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expended Amount $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Laboratory Analysis

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expended Amount $\_\_\_\_\_\_\_\_\_\_

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Diagnostic Procedures

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expended Amount $\_\_\_\_\_\_\_\_\_\_

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Miscellaneous

Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expended Amount $\_\_\_\_\_\_\_\_\_\_

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TOTAL $\_\_\_\_\_\_\_\_\_\_

TOTAL REIMBURSEMENT $\_\_\_\_\_\_\_\_\_\_