



Osteogenesis Imperfecta Foundation, Inc.
(301) 947-0083
Fax: (301) 947-0456
bonelink@oif.org

APPLICATION FOR RESEARCH FELLOWSHIPS

INFORMATION AND INSTRUCTIONS

- **Michael Geisman Fellowships:** A qualified applicant must hold an MD, DDS, DO, or PhD, and be appointed at the level of a post-doctoral trainee, or equivalent, within an academic institution. An applicant should have completed their Ph.D. or their clinical training within the past five years. Michael Geisman Fellowships cannot be used for indirect costs. It is the intention of the OI Foundation that grant monies be used to fund actual costs related to the research being performed including Fellow salary, fringe benefits and supplies. **Research must be done under the supervision of mentor with training and experience in Osteogenesis Imperfecta research or research in a related field.**
1. Submit your application as a PDF to **Bonelink@oif.org**. Michael Geisman Fellowship reference letters and mentor biosketch should also be sent as a PDF. Applications and reference letters must be received **NO LATER THAN November 30, 2020**.

Tracy Smith Hart, CEO, OI Foundation
Email: THart@oif.org
Telephone: 301-947-0083

**OSTEOGENESIS IMPERFECTA FOUNDATION
RESEARCH GRANT APPLICATION
FOR MICHAEL GEISMAN FELLOWSHIPS**

TITLE OF RESEARCH PROJECT:

APPLICANT INFORMATION

Name (Last, First, M.I.)

Address:

City: State: Zip Code: Daytime Phone:

Email address:

Michael Geisman Fellowship applicants should complete the fields below.

Education and professional training (in chronological order beginning with college)

Institution/Location	Dates of Attendance	Degree Received	Area of Study

Fellowship applicants should provide the name of their proposed mentor and the address of the institution where research will be performed

Mentor Name:

Institution Name:

Address:

Phone number:

Email address:

The Mentor's NIH Biosketch and a letter of recommendation including a statement that the mentor will supervise the trainee's research must be attached in PDF format at the end of the application.

FELLOWSHIP NOTIFICATION REQUIREMENTS

Grants and contracts official to be notified if an award is made:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

REFERENCES For Fellowship Applicants

Fellowship applicants are required to have two additional letters of recommendation sent on their behalf from scientists or clinicians who can specifically comment upon the applicant's qualifications, abilities, and potential to develop expertise in OI research. The letters should be sent by email as PDF documents to **Bonelink@oif.org** with the words "Michael Geisman Fellowship Letter of Recommendation" in the subject heading. Letters of reference must be received by November 30, 2020. Please list the names and contact information for your two references.

Reference 1 Name:

Address:

Email:

Reference 2 Name:

Address:

Email:

RESEARCH ABSTRACT

Please explain your proposed research project in no more than **250 words**. Some of the people who will review this application are familiar with OI, but are not trained scientists. **Therefore, please use language that is appropriate for a lay audience.**

PREVIOUS RESEARCH EXPERIENCE

Please describe your previous research experience in the space provided below.

PUBLICATIONS

Please list publications that you have authored or to which you have contributed. Please separate peer-reviewed publications from others.

RESEARCH PLAN

Please limit your Research Plan to no more than four pages. However, you may add up to two additional pages for figures and cited references.

Please be certain that your research plan addresses each of the following topics.

Research objectives

Background information on the problem/question/hypothesis you will address in your research

Methods and procedures you will use to reach your objectives

The relationship of your work to osteogenesis imperfecta

Please add your Research Plan in PDF format after this page.

BUDGET

Please attach a separate budget narrative to explain and justify any unusual budget items.

	Amt. Requested from OIF	Amt. Requested from Other Source or Donated	Total Expenses
I. Personnel			
II. Equipment			
III. Supplies			
IV. Other			
TOTAL			

If you have requested funding from other sources for THIS research project, please describe the other sources below:

Application Checklist

- NIH Biosketch for Mentor is attached
- A letter of recommendation from your mentor must be attached and 2 other letters of recommendation must be emailed directly to OIF by November 30, 2020

APPLICANT'S STATEMENT

I certify that to the best of my knowledge and belief, all of the statements and information contained herein and on any attachments are true, correct, complete, and made in good faith.

I authorize the Osteogenesis Imperfecta Foundation, Inc., ("OIF") to investigate all statements and/or information contained herein and to contact those people listed as references for the purposes of obtaining any and all information concerning my previous employment and educational background as necessary for arriving at an award decision.

Applicant's Signature: _____

Date: _____