



## MICHAEL GEISMAN FELLOWSHIP

### APPLICATION FOR OI RESEARCH GRANT

The Michael Geisman Fellowship Grant program awards funding to post-doctoral trainees who are currently working on projects with clear relevance to osteogenesis imperfecta (OI), or who have projects that will enable them to develop expertise in OI research.

#### Applicant Requirements:

- 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.
- Applicant should have completed their Ph.D. or clinical training within the past five (5) years.

#### Fellowship Guidelines:

- Michael Geisman Fellowship awards provide up to \$50,000 per year. 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.
- Fellowship awards are for one year; a second year of funding may be approved based upon satisfactory performance during the first year of funding.
- Research must be done under the supervision of mentor with training and experience in osteogenesis imperfecta research or research in a related field.

#### How to Apply:

1. Complete attached application.
2. Mentor of applicant must submit a copy of his/her biosketch and a letter of recommendation on behalf of the trainee, which also confirms that the mentor will supervise the trainee's research.
3. Applications require two additional letters of recommendation from scientists or clinicians who can comment upon the applicant's training, ability, and potential to develop expertise in OI research.
4. **Submit application, reference letters, and mentor biosketch as PDF documents to [sconnors@oif.org](mailto:sconnors@oif.org) NO LATER THAN OCTOBER 23, 2023.**

If you have any questions, please contact Stacie Connors, OIF Manager of Grants and Special Projects, at [sconnors@oif.org](mailto:sconnors@oif.org).

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

**TITLE OF RESEARCH PROJECT:**

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**APPLICANT INFORMATION**

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Name (Last, First, M.I.)

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Address:

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City: State: Zip Code: Daytime Phone:

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Email address:

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**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

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**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**

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

Name: Title:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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## **REFERENCES For Fellowship Applicants**

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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 **sconnors@oif.org** with the words "Michael Geisman Fellowship Letter of Recommendation" in the subject heading. Letters of reference must be received by October 23, 2023. Please list the names and contact information for your two references.

Reference 1 Name:

Address:

Email:

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Reference 2 Name:

Address:

Email:

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## RESEARCH ABSTRACT

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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**

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

## **PUBLICATIONS**

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

## **RESEARCH PLAN**

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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

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

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

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



## Application Checklist

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\_\_\_\_ 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 October 23, 2023.

## APPLICANT'S STATEMENT

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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: \_\_\_\_\_