

CURE

Citizens United for Research in
EPILEPSY

Application for 2011 “Prevention of Acquired Epilepsy” Award

(Application Deadline: January 11, 2011 for July 1, 2011 award. This is not a postmark deadline)

**Please complete and submit with application*

Name _____ Degree(s) _____

Academic Position _____

Institutional Affiliation _____

Department _____

Address _____

City/State/Zip _____

Country _____

Telephone _____ Fax _____

E-Mail _____

Project Title _____

Budget Request \$ _____ Duration of Study (maximum of 3 years*) _____
2- to 3-year award up to \$250,000 total

** If applicants wish to be considered for 2- or 3-year funding, they are required to submit project details and budget information for all years, which clearly justifies the project scope and time frame.*

Please note that 2- and 3-year funding is not guaranteed. Second and third year funding is contingent upon submission and successful review of each year's progress report.

Key words _____

Check the appropriate category:

___ I. Individual
Co-Investigator's name (if applicable): _____

___ A. Early Career Investigator
___ B. Established Investigator

___ II. Clinical Study Consortium

IRB Approval (or international equivalent): Date received _____ Date applied for _____ Not applicable _____

IACUC Approval (or international equivalent): Date received _____ Date applied for _____ Not applicable _____

Please supply the contact, position, institutional information, and current email address of three experts in your field of study (not affiliated with your institution) who might be available to review your proposal if deemed necessary by CURE:

Current Research Support: list title, funding source, amount of funding, and date of all received, requested, and anticipated funding:

Other Research Support for this Project: list funding source, amount of funding, and date of all received, requested, and anticipated funding:

How did you hear about CURE?

Signature of Applicant

Name _____

Title _____ Date _____

Signature of Department, Practice Chairman, or Appropriate Institutional Representative

The sponsoring institution affirms that the applicant will be provided sufficient time, facilities and position to complete the proposed studies.

Name _____ Title _____ Date _____

Institution _____

Submit application materials in the order listed on the application preparation document. Place a CURE cover page on top of each of your 2 copies of application materials. Be certain your name and project title are on the upper right hand corner of all application documents and page numbers are listed in the lower right hand corner of all documents. Send 2 copies of CD/DVDs and 2 full hardcopy sets of the application (including the original) to:

CURE Research Awards
c/o Danielle Davis
223 W. Erie Street, Suite 2SW
Chicago, IL 60654