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**The Stanford Society of Physician Scholars Grant**

The Stanford Society of Physician Scholars (SSPS) Grant is designed to support a physician scholar, working in collaboration with a Stanford medical student. Our hope is that the scholarly work supported by these awards willstimulate meaningful research experiences, foster mentoring relationships, and form the basis for subsequent external funding options.

**Eligibility Criteria**

* Applicants must be a member of the Stanford Society of Physician Scholars (SSPS)
* The applicant must be working with a Stanford medical student, who will be considered a co-investigator
* Applications are limited to one per Scholar

**Application Process**

The following must be included in the application:

* A 2 to 3 page (single-spaced, 12-point Times font) description of the proposed work that includes:

title, abstract, aims, background, methods, expected results, potential impact, and project timeline

* A summary of the student’s role
* A detailed budget with brief justification
* A letter of support from the Scholar’s Department Chair
* A letter of support from the Scholar’s Sponsoring Faculty Member (Principal Investigator)
* Curriculum vitae for Scholar and student

Application Deadline: November 1, 2016

**Support**

Awards are limited to $5,000 per application. Funds cannot be used to support salary.

**Progress Report**

Grant recipients are required to submit a final reportwithin18 monthsof funding. This reportshould include asummary of the work performed and any presentations or publications arising from the work.

**Publications**

Publications that result from the use of this award should include the following acknowledgments:

**“[Grantee] is a member of the Stanford Society of Physician Scholars.”**

and**“This research was supported by the Office of the Dean, Stanford School of Medicine.”**

**The Stanford Society of Physician Scholars Grant Application**

**RESEARCH PROJECT**

Title: Click here to enter text.

Date of Grant Submission: 8/27/2016

**SCHOLAR CONTACT INFORMATION**

Full Name: David Ouyang

Position: Resident

Department: Medicine

Division:Click here to enter text.

Mobile#: 832-495-1605

E-mail: David.Ouyang@gmail.com

**STUDENTCONTACT INFORMATION**

Full Name: Gunsagar Gulati

Medical School Year: MS3

Mobile #:Click here to enter text.

E-mail: gunsagargulati@stanford.edu

**SUBMISSION CHECKLIST**

☐This Cover Page

☐Summary of Project

☐Summary of Student’s Role

☐Budget

☐Letter of Support from Department Chair

☐Letter of Support from Sponsoring Faculty Member

☐Curriculum Vitae for Scholar & Medical Student

**Please E-mail or Deliver Completed Packet to:**

Shannon Jiang

sspsadmin@stanford.edu

Office of the Dean (3rd floor)

Li Ka Shing Center for Learning and Knowledge

291 Campus Drive

Stanford, CA 94305-5101