

Wound Healing Foundation 3M Fellowship Award

Application and Instructions

Deadline for Submission – November 23, 2015



ANNOUNCEMENT

The Wound Healing Foundation, through the support of 3M Health Care, is pleased to announce the Wound Healing Foundation 3M Fellowship for the year 2016. This will mark the 17th anniversary of the 3M Fellow Award.

The purpose of this one-year, \$15,000 Fellowship is to stimulate scientific research and career development of young investigators or junior faculty who are pursuing a career in wound healing research. The fellowship award will be bestowed at the Wound Healing Society annual meeting in Atlanta, Georgia.

The award will be given as a gift to the institution accepting responsibility for the research environment of the successful applicant. It must be expended solely for the purpose of the sponsored research. The award shall be used only for salary support or direct cost expenditures of the funded research project conducted in the laboratory of the Fellow or the Fellow's Sponsor. No part of the award may be used for indirect costs or the support of routine clinical duties. Under exceptional circumstances, if funds have not been fully used during the one year period, a Fellow may apply for permission to continue using remaining funds for one additional year.

The Fellow is expected to present his/her research results at the following WHS Annual Meeting and is encouraged to submit the completed research for publication in *Wound Repair and Regeneration*. The Fellow is also expected to acknowledge support provided from the Wound Healing Foundation 3M Fellowship.

Fellowship applications must be received by **November 23, 2015**. The Awards Committee of the Foundation will review applications and the successful applicant will be notified on or around **January 11, 2016**. The award will be announced at the Wound Healing Society Meeting at the Georgia World Congress Center in Atlanta, Georgia in Atlanta, Georgia **April 13-17, 2016**. The new Fellow is encouraged to be present to accept the award. The Fellowship will begin on **July 1, 2016**.

Key Criteria: The candidate must be a U.S. Citizen and have a Ph.D. and/or a M.D. or equivalent degree. The candidate or their sponsor must be a current WHS member. The project must be carried out at a U.S. University or Medical School. If the candidate holds a regular, full time faculty appointment, he or she be non-tenured with an appointment at the Instructor or Assistant Professor level; be within five (5) years of his/her initial faculty appointment at the time of the award. The department chairperson must submit a letter with the application, which describes the facilities available for the applicant, additional sources of salary support and research support. If the candidate is a postdoc and/or medical resident or fellow), he or she may apply for Fellowship support provided the research is conducted a U.S. University or Medical School, in the laboratory of a senior faculty member who agrees to serve as the Fellow's Sponsor. The Sponsor's laboratory must not have received a 3M Fellowship Award for more than two consecutive years.



INSTRUCTIONS

Candidates must:

- Be a U.S. Citizen
- Be a Wound Healing Society member or the sponsor a member
- Have a Ph.D., M.D. or equivalent degree
- Meet one set of the requirements below
- 1) If the candidate holds a regular, full time faculty appointment, it must be at a U.S. University or Medical School, he or she must:
 - Be non-tenured with an appointment at the Instructor or Assistant Professor level
 - Be within five (5) years of his/her initial faculty appointment at the time of the award
 - Have the commitment of his/her department chairperson. The department chairperson must submit a letter with the application which describes the facilities available for the applicant, additional sources of salary support and research support, protected time, significance of this project, and the applicant's qualifications. The letter from the department chairperson must also state that Fellowship funds will not be used for overhead and that the monies provided would be used for salary and direct costs only. Absence of this letter will exclude consideration of the applicant.
- 2) If the candidate does not hold a regular faculty appointment (*e.g.* postdoc or medical resident), he or she may apply for Fellowship support provided:
 - Full-time research is conducted in a U.S. University or Medical School
 - The research is conducted in the laboratory of a senior faculty member who agrees to serve as the Fellow Sponsor.
 - The Sponsor's laboratory has not received a 3M Fellowship Award for more than two consecutive years. Laboratories with a Fellow recipient may be eligible to apply after one year has elapsed.
 - The Sponsor submits with the application a letter of support, which describes the facilities available for the applicant, additional sources of salary support and research support, protected time, significance of this project, and the applicant's qualifications. The letter from the Sponsor must state that Fellowship funds will not be used for overhead and that the monies provided would be used for salary and direct costs only. Absence of this letter will exclude consideration of the applicant.



| Applications must include | App | lications | must | include |
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| Applications must include: |
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| □ 1. Completed Fellowship Application form (attached below). |
| □ 2. Applicant's curriculum vitae and bibliography (Two page limit, Pre-May 2015, old |
| NIH format style http://grants.nih.gov/grants/funding/phs398/biosketchsample.pdf). |
| □ 3. Description of the research proposal: Use Arial 11 or Times New Roman12 font. |
| Proposal is limited to six (6) single-spaced pages with the left margin of 1.5 inches and |
| all other margins at least 3/4 inch. The proposal should include the following: |
| ☐ A. Title of the research project |
| ☐ B. Synopsis (200 word limit) |
| ☐ C. Significance of this research |
| □ D. Background information |
| ☐ E. Preliminary observations |
| ☐ F. Methods and design |
| □ G. Data analysis |
| [NOTE: THE SIX PAGE LIMIT INCLUDES ANY FIGURES AND/OR TABLES] |
| ☐ 4. Literature cited (2 page limit). |
| □ 5. Plans for appropriate institutional approvals (e.g. IRB, IACUC or Animal Studies |
| Committee). No funds will be distributed until the Wound Healing Foundation receives a |
| copy of the appropriate institutional approval. |
| □ 6. Letter of support from either the Sponsor or the Department Chair. The letter can |

Do not include appendices!

on or before November 23, 2015.

The original application, is **only** accepted in an electronic format, sent to: awards@woundhealingfoundation.org. Submissions must be received before 12:00 midnight EST, November 23, 2015. A received receipt will be sent. If you do not receive a receipt, please resend to ensure submission.

be included with the application in an electronic format or sent separately by post dated

A letter of support can be sent to Awards Committee of the Wound Healing Foundation either electronically to: awards@woundhealingfoundation.org or a hard copy mailed to:

H. Paul Ehrlich, PhD 9995 Jonestown Rd Grantville, PA 17028



Wound Healing Foundation 3M Fellowship Application Form

| Research Area: | | | |
|-------------------------------------|---------------|-----------------|--|
| Applicant Name: | Soc. Sec. #: | | |
| Current Position: | | | |
| Institution: | | | |
| Mailing Address: | | | |
| E-Mail: | v | VHS Member? | |
| C-IMAII. | <u>v</u> | vno wember: | |
| Telephone: | Fax: | Fax: | |
| Date of Birth: | Place of | Place of Birth: | |
| Undergraduate Education | | | |
| Institution(s) | Degree | Date Received: | |
| Institution(s) | <u>Degree</u> | Date Received: | |
| Institution(s) | Degree | Date Received: | |
| Medical or Graduate Education: | | | |
| Institution(s) | Degree | Date Received: | |
| | • | | |
| Other Graduate Education: | _ | | |
| Institution(s) | Degree | Date Received: | |
| | | | |
| Residency or Postdoctoral Training: | | | |



| Sponsor Information: (if applicant has a postdoctoral or resident appointment) Name: WHS Member? | | | | |
|---|--------|--|--|--|
| Institution: | | | | |
| Address | | | | |
| | | | | |
| Telephone Fax | E-Mail | | | |
| Department Chair Information: (if applicant has than 5 yrs.) Name: | | | | |
| Institution: | | | | |
| Address: | | | | |
| Addiess. | | | | |
| Telephone Fax | E-Mail | | | |
| Have you applied for other sources of funding? | Yes No | | | |
| If yes, give the name of the organization and da Name of organization: | | | | |
| References 1) | | | | |
| | | | | |
| 2) | | | | |
| | | | | |
| 3) | | | | |
| Applicant's Signature: | Date: | | | |
| Sponsor's or Departmental Chair's Signature: | Date: | | | |

Applications due November 23, 2015.

The original application must be sent electronically as a PDF file attachment in an email to: awards@woundhealingfoundation.org.