



# Resident-led Research Mini-Grant Application

<b>Name</b>	<b>Credentials</b> <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Ph.D <input type="checkbox"/> Other _____
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<b>Primary E-mail Address</b>	<b>Pager/Contact Number</b>
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<b>Training Program (Internal Medicine, Family Practice, etc.)</b>
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<b>Mailing Address</b>
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<b>Description of Research Project including Research Question/Hypothesis</b>
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Description of Activities/Support Covered by Funding Requested

<b>Amount of Funding Requested</b> Funding greater than \$1,000 requires multiple resident participation.	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$ _____
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<b>Have you received IRB approval?</b>	<input type="checkbox"/> Yes - # _____ from <input type="checkbox"/> MSU <input type="checkbox"/> Sparrow <input type="checkbox"/> IRMC <input type="checkbox"/> No <input type="checkbox"/> Submitted to one of the following, but not yet approved <input type="checkbox"/> MSU <input type="checkbox"/> Sparrow <input type="checkbox"/> IRMC
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Program Director Signature	Date

I hereby verify that the information contained in this application is complete and true and that the requested funding will be used in the manner described above. I further commit to comply with the following reporting requirements:

1. Submit an abstract to the Mid-Michigan Regional Research Day.
2. Submit a final report describing the use of funds and identifying all abstract submissions made related to this resident-led research project.

Resident Signature	Date