RESEARCH GRANT APPLICATION & APPLICATION GUIDELINES

SECTION 1
INTRODUCTION

Wake Up Narcolepsy is pleased to offer narcolepsy research grant funding to support medical students, physician residents, and fellows of accredited medical schools. Applications are accepted on a rolling basis with approximately $100,000 available annually to support various projects. On average, grants of $2,500-$40,000 are awarded for one-year support, although multi-year grants may be considered. Awardees will be expected to produce a written summary of their findings at the conclusion of the funding period. Awardees not complying with this requirement will not be eligible for future funding.

SECTION 2
APPLICATION REQUIREMENTS

The following items are required for grant funding consideration:
1) Cover letter
2) Abstract
3) Application Form
4) Work Plan and Timeline
5) Itemized Budget
6) Applicant CV(s)
7) Recommendation Letter Signed by Research Mentor

SECTION 3
SUBMISSION & CONTACT INFORMATION

Applications may be submitted electronically (preferred) or via postal mail. Electronic applications should be submitted to info@wakeupnarcolepsy.org
Mail to: Wake Up Narcolepsy, PO Box 60293, Worcester, MA 01606

Please contact Tamara Gilbertson, Executive Director, at 978-751-DOZE (3693) if you have any questions regarding the application process. We look forward to reviewing your application.
WAKE UP NARCOLEPSY RESEARCH GRANT APPLICATION FORM

Name___________________________________Title______________________________________
Co-Investigators______________________________________________________________
Organization____________________________________________________________________
Address________________________________________________________________________
City__________________________ State __________ Zip _______________
Phone________________________ Email____________________________________________
Degrees, dates received or pending ____________________________________________

Current Status: Medical Student _____ Resident _____ Fellow _____
Other (describe) ____________________________________

Is this project part of a course? Yes ___ No ___
If so, provide details ____________________________________________________________

Title of Project ______________________________________________________________
Total Amount Requested $____________________
Briefly describe your interest in narcolepsy research.

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(Continue on additional pages if necessary)
Abstract

Outline your proposal research, including your hypothesis, objectives, methodology, outcomes, and relevance to the field of narcolepsy. Also describe how the findings from this research will be shared, either through presentation or publication.

(Continue on additional pages if necessary)
**Work Plan and Timeline**

Outline your major project activities and provide an estimated time period for each activity.

<table>
<thead>
<tr>
<th>Project Activity</th>
<th>Timetable</th>
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<tr>
<td>e.g., Recruit and Enroll Subjects</td>
<td>e.g., March-June 2015</td>
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**Itemized Budget**

Provide an itemized budget for the amount of funds you are requesting using the space below. The total at the bottom should match the total amount requested on your cover page.

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<tr>
<th>Expense</th>
<th>Cost</th>
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**TOTAL**

Applicant Signature ________________________ Date________________________

If submitting electronically, type name as electronic signature

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