



Society of Thoracic Radiology
Seed Grant Application

Date of Submission: _____

Project Title: _____

Investigator's Name: _____

Training Dates:

Residency (location, dates): _____

Fellowship (location, dates): _____

Current Institution & Address: _____

Current Institution Department: _____

Rank or Position: _____

Phone: _____

E-mail: _____

Percent Time expected to devote to project: _____

Co-Investigator(s)/Mentor(s)/Preceptor(s) (At least one is required, one of whom is required to be a STR Member):

1

Name: _____

Project Role: _____

Institution: _____

STR Member: Yes No

2

Name: _____

Project Role: _____

Institution: _____

STR Member: Yes No

3

Name: _____

Project Role: _____

Institution: _____

STR Member: Yes No

Application of IRB approval has been initiated or completed:

Yes No

If yes, status _____

Project Summary (limit of 300 words):

All applications must include the following information submitted in **PDF** format to The Society of Thoracic Radiology at str@thoracicrad.org:

- Application Form *(complete above)*
- Cover letter *(add as an attachment)*
- Research plan: background, specific aims, research design, references *(add as an attachment)*
- Budget, including other sources of funding *(add as an attachment)*
- Letter of support from STR senior member *(add as an attachment)*
- Letter of support from Department Chair *(add as an attachment)*
- Biographical sketch for all investigators and CV of primary investigator *(add as an attachment)*

The below signature indicates submission of this application to the STR. The author acknowledges the requirements of the STR seed grant funding and that IRB approval is required prior to initiation of funded research.

Signature: _____

Date: _____

Name: _____