



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](mailto: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 an STR 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: \_\_\_\_\_