

**SECTION ON TUMORS  
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS  
CONGRESS OF NEUROLOGICAL SURGEONS  
CLINICAL RESEARCH GRANT APPLICATION**

**1. Principal Investigator**

Name \_\_\_\_\_

Present Position \_\_\_\_\_ Department \_\_\_\_\_

Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Years of post-doctoral research experience \_\_\_\_\_

Faculty appointment held \_\_\_\_\_

Attach your Curriculum Vitae. Include educational data; professional positions held; scholarship honors and membership in professional societies and other organizations. Also, list citations of your publications in chronological order. Copies of journal articles will not be accepted.

*Designate as Attachment #1*

**2. Name of institution/s where clinical research will be conducted.**

\_\_\_\_\_

**3. Title of proposed research \_\_\_\_\_**

**4. Do you have IRB approval? \_\_\_\_\_**

**5. Have you applied, or do you intend to apply, elsewhere for a grant to support this trial? If yes, please explain.**

\_\_\_\_\_

\_\_\_\_\_

**CLINICAL RESEARCH GRANT APPLICATION** *(continued)*

6. Attach an abstract of the proposed research, including its potential benefit to brain tumor patients. Do not exceed one page.  
*Designate as Attachment #6*
  
7. Attach an outline of the specific aims of the proposed research, including a timetable, partnerships or collaborations to be established, if any, and resources to be developed, if any. Do not exceed three pages.  
*Designate as Attachment #7*
  
8. Attach a concise description of the background and preliminary data pertaining to this study. Do not exceed three pages.  
*Designate as Attachment #8*
  
9. Attach a description of eligibility criteria and the proposed accrual plan. Do not exceed two pages.  
*Designate as Attachment #9*
  
10. Attach a list of references in citation format. Do not exceed two pages.  
*Designate as Attachment #10*
  
11. Attach a copy of the project budget and budget justification.  
[Indirect costs are to be excluded; they are not covered in this award.]  
*Designate as Attachment #11*
  
12. Attach a letter of support from your Department Chair/s or equivalent.  
*Designate as Attachment #12*

**CLINICAL RESEARCH GRANT APPLICATION (continued)**

**CERTIFICATION**

I certify that this application was authored by me.

\_\_\_\_\_  
Signature of the applicant

\_\_\_\_\_  
Date

The above applicant, if awarded this grant, will be accepted by this institution.

DEPARTMENT CHAIR

FISCAL OFFICER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Print or type name

Department \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Submit original, including attachments by January 15, 2008 to:

[clinicalresearch@abta.org](mailto:clinicalresearch@abta.org)

For questions – please contact Michael A. Vogelbaum, M.D., Ph.D. at

[vogelbm@neus.ccf.org](mailto:vogelbm@neus.ccf.org)