The Hitchcock Foundation

One Medical Center Drive

Lebanon, NH 03756

*Supporting Research and Education since 1946*

HELMUT SCHUMANN FELLOWSHIP APPLICATION COVER PAGE

|  |
| --- |
| **Title of Project:**  |
| **The project will use human subjects** [ ]  **Yes** [ ]  **No** |
| **The project will use or disclose Protected Health Information (PHI)** [ ]  **Yes** [ ]  **No** |
| *NOTE: Human Subjects (IRB) approval must be on file prior to release of funds.*  |
|  |
| **Amount Requested:** | $XX,XXX | **Begin Date:** XX/XX/XXXX | **End Date:** XX/XX/XXXX |
|  |  |
| **Principal Investigator (PI):** |  | **Title:** |  |
| **PI Email:** |  | **Phone:** |  |
| **% Effort:** |  |
|  |  |
|  **PI Department:** |  | **Dept Chair:** |  |
|  **PI Section:** |  | **Sect Chief:** |  |
|  |  |

I acknowledge and understand The Hitchcock Foundation Policy and Guidelines for Pilot Research Grants

Principal Investigator/Applicant Signature: Date:

**Institutional Approval Signatures:**

Institutional Approval: Department Chair Signature Printed Name