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