Melanoma Research Foundation
2016 Medical Student Research Grant
Application Instructions

**Purpose:** To provide opportunities and funding for medical students to engage in short clinical or laboratory-based research projects focused on better understanding the biology and treatment of melanoma.

**Grant Amount and Timeline:** Grant awards are $3,000 per award period. Length of award period is one year from the date of disbursement of the award. A 6-month no-cost extension may be considered. Requests can be sent to research@melanoma.org.

**Eligibility Requirements:** Applicants must be a medical student in good academic standing at an accredited U.S. medical school or institution. MD/PhD student are eligible to apply. Applications will not be accepted from a previous recipient of an MRF Medical Student Research Grant Award.

**Application Materials:**
- Completion of application cover page (Included)
- Research project proposal, including Title, Abstract, Background, Hypothesis, Specific Aims, Methods, Summary, Relevance and Literature Cited (5 page maximum including abstract and literature cited)
- Project Plan with Timeline (Included; 1 page maximum)
- CV of applicant (3 page maximum)
- Letter of support from Research Mentor approving research proposal as well as outlining Mentor's role and expectations. Research Mentor should be an MD and/or PhD engaged in melanoma research that is consistent with the program purpose as stated above.

**Application Deadline:** Applications will be accepted beginning September 1, 2015 and ending on **November 2, 2015 at 5:00 PM EST.** Decisions will be made and sent out via email by January 15, 2015. Funds will be disbursed once all required paperwork is submitted to the MRF.

**Grant Award Criteria:** The applicant's proposed research project is expected to be applicant-conceived and not merely an extension of ongoing research of their Research Mentor or another Principal Investigator. The project should be focused, innovative, clearly outlined and based on a methodology that is scientifically sound. All research projects must have the potential to contribute meaningfully to the field of melanoma research and treatment.

Recipients will be required to complete and return the **MRF Medical Student Research Grant Award Final Report Form** included in the application materials no later than 60 days following the completion of the research study time period.
**Funding Restrictions:** Grant awards are to be used for direct laboratory costs and/or salary support. They are not to be used for indirect/administrative costs, to hire a consultant or contractor or for travel expenses.

**Selection Criteria:** All proposals will be graded on a 3-point scale in five separate categories for a total of 15 points. Each proposal will be reviewed by two independent melanoma treatment, diagnosis and/or prevention experts. Each reviewer will assign a point score to the research proposal and a final score will be generated by the average of the two reviewer's scores. In the event that a major discrepancy exists between the two scores of the reviewers, a third reviewer will be selected and will determine the final point score. No reviewer shall review a proposal for which he or she may have a conflict of interest.

<table>
<thead>
<tr>
<th>Selection Criteria:</th>
<th>Below Average (1 POINT)</th>
<th>Average (2 POINTS)</th>
<th>Exceptional (3 POINTS)</th>
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<td>Content</td>
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<td>Clarity</td>
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Research proposals that qualify as being "Exceptional" in all five categories of the grading selection criteria will contain the following elements:

**Content:** Proposal information is accurate, thorough and relevant. Proposal demonstrates a thorough background knowledge and adequate literature review.

**Clarity:** Information is communicated clearly and succinctly and is well-formulated. The need for the proposed activity is clearly established and supported with available research data.

**Creativity:** Research hypothesis and proposed approach is novel, innovative and provides new theoretical insights to the research problem at hand.

**Methodology:** Specific aims represent a logical match between the issues being addressed and the approach being proposed. The proposal clearly explains what work will be done, appropriate techniques and instruments and a cost-effective approach.

**Achievability:** Proposed project plan and timeline is reasonable and appropriately meets the award timeline as specified in the application materials.

If you have questions about the MRF’s Medical Student Research Grant, please contact our office at (800) 673-1290 or email research@melanoma.org.
Melanoma Research Foundation
Medical Student Research Grant Application Check List

✔ Please use this list as a guide to be sure you have submitted all necessary documents.

☐ Complete the application cover page with signed certified applicant statement (included).

☐ Complete the Research Project Proposal:

Typed text should be in Times New Roman 11pt font size and is not to exceed the 5 page maximum. The 5 page max includes references. The research proposal should include the following: Title, Abstract, Background, Hypothesis, Specific Aims, Methodology, Summary, Relevance and Literature Cited.

☐ Project Plan with Timeline (included)

☐ CV of applicant (3 page maximum)

☐ Letter of support from Research Mentor approving proposed research, as well as outlining Mentor’s role and expectations. Research Mentor should be an MD and/or PhD engaged in melanoma research that is consistent with the program purpose as stated above.

☐ All components of the application (cover page, proposal, project plan, applicant CV, and letter(s) of support should be scanned and emailed as one PDF document to the program director at research@melanoma.org. An application consisting of multiple attachments will not be accepted.
Melanoma Research Foundation

Medical Student Research Grant Application Cover Page

Applicant (PI) Name: ________________________________________________________________

Project Title: __________________________________________________________________
______________________________________________________________________________

Current Medical School: ____________________________________________________________

Current Year in School (Select One): ☐ MS 1 ☐ MS 2 ☐ MS 3 ☐ MS 4
☐ MD/PhD or Approved Research Year (Specify): ________________________________

Applicant Institution E-mail Address: ______________________________________________

Applicant Personal E-mail Address: ________________________________________________
(will only be used if necessary)

Applicant Primary Telephone Number: (_____) ____________________________

Applicant Mailing Address: ______________________________________________________
____________________________________________________________________________
____________________________________________________________________________

CERTIFIED APPLICANT STATEMENT:
The Applicant certifies that the above information is accurate to the best of their knowledge.
The Applicant agrees to utilize the grant funds as outlined in the application materials and for
the purposes detailed in the research project proposal. The Applicant also certifies that the
research project proposal is applicant-conceived and not merely an extension of ongoing
research being conducted by their Research Mentor or another Principal Investigator. A typed
name will serve as the applicant signature.

Applicant Signature: _____________________________________________________________

Date: ______________________
Project Plan with Timeline

In the table below, provide a proposed project plan and an estimated timeline for each proposed activity.

<table>
<thead>
<tr>
<th>Proposed Activity (e.g. Optimization of transfection protocol)</th>
<th>Timeline (e.g. April 2016 – September 2016)</th>
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Melanoma Research Foundation
Medical Student Research Grant Award Final Report Form

Please submit the report form no later than 60 days following the completion of the research study time period. Report form and attachments can be emailed to research@melanoma.org.

Recipient Name: ____________________________________________________________

Project Title: __________________________________________________________________

Current Institution: ___________________________ Award Date: ________________

Mailing Address: __________________________________________________________________

Telephone: ___________________________ E-mail: ___________________________

SUMMARIES AND OUTCOMES

☐ Progress Report: Please describe the progress of your research for each aim in your proposal in lay language. Please include percent completion and if there are plans for continuation.

☐ Presentations: Has your funded research been presented? If so, please state where your funded work was presented.

☐ Publications: Has your funded research been published? If so, please append abstract, article, or list publications.

☐ New Collaborations: Has your research resulted in additional collaborations?

☐ New Research Funding: Have new sources and funding resulted by virtue of MRF-funded research? If so, please share source and amount.

☐ Grant Funds: Please describe how your grant funds were used. If any portion of your grant funds were used for direct laboratory costs, please provide us with a detailed list of your actual expenditures.

☐ What did you learn from this research experience? What challenges did you encounter?

☐ How has this research opportunity influenced your decision to participate in medical research in the future?

Please provide us with copies of any manuscripts, publications, posters or abstracts related to you MRF grant-funded research. Copies may be attached separately.

Signature: ___________________________ Date: ___________________________