

**SECTION ON
CEREBROVASCULAR SURGERY
OF THE AANS/CNS**

**CEREBROVASCULAR DISEASE
Deadline March 1st, 2006
APPLICATION FORM**

Name _____ Social Security # _____

Office Address _____

Training Program _____ Current Year of Training PGY _____

Phone _____ Fax _____

Project Title: _____

1. Provide A brief summary of the **Proposed Research**, as follows
 - a) Pertinent background and rationale (0.5-1 page)
 - b) Hypothesis and objectives (0.5 page)
 - c) Outline of experiments planned (1.5-2 pages)
 - d) Budgeted (0.5-1 page). List only expenses of proposed research up to \$15,000 (**no travel, indirect costs, or salary permitted**). Award checks are issued to the selected candidate directly, to cover approved research budget.

ATTACH ABOVE AS SEPARATE SHEETS (do not exceed 4 sheets)

2. Dates of laboratory rotation for proposed research: _____
 3. What is your clinical commitment during this period (I.e., clinic OR call coverage)? _____
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A written summary of the research accomplished will be required at the completion of the research period.

Signature _____ Date _____

PROGRAM CHAIRMAN

I certify that the above individual is a resident in good standing in the neurosurgical training program at _____

Signature _____ Date _____

MAIL TO: Robert J. Dempsey MD Department of Neurological Surgery
600 Highland Avenue Room K4/836 CSC Madison WI 53792