



Wound Healing
Foundation

Wound Healing Foundation 3M Fellowship Award

Application and Instructions

Deadline for Submission – November 21, 2017



Wound Healing Foundation

The Wound Healing Foundation (WHF), through the support of 3M Health Care, is pleased to announce the call for applications for the 19th annual Wound Healing Foundation 3M Fellowship award.

PURPOSE and TIMING

The purpose of this one-year, \$15,000 Fellowship is to stimulate scientific research and career development of young investigators or junior faculty who are pursuing a career in wound healing research. In order to be considered for the Fellowship award all applications must be received by WHF no later than **11:59 p.m. on November 21, 2017**. Following a review by the WHF Awards Committee, the successful applicant will be notified on or about **January 22, 2018**. The Fellowship award will be bestowed at the Wound Healing Society (WHS) Annual Meeting scheduled to occur Friday **April 27, 2017** from 4:45-5:45PM at the convention center in Charlotte, North Carolina. The Fellowship shall begin when the award is paid to the U.S. University or Medical School accepting responsibility for the research environment (Sponsor), targeted for **July 1, 2018**.

RESTRICTIONS, LIMITATIONS, AND APPLICANT / FELLOW RESPONSIBILITIES

The award is restricted because it is intended and designated solely for salary support or direct research costs. No part of the award may be used for indirect costs or the support of routine clinical duties. Further, the funds are to be exhausted by **June 31, 2019**, unless an exception to extend the term is granted by WHF in its sole discretion; if granted, the term of the extension will be based on the underlying facts and circumstances.

Awards are limited to Sponsor research laboratories that have not been funded by a 3M Fellowship Award in the last two (2) consecutive years. Laboratories with a Fellow recipient may be eligible to apply after one (1) year has elapsed.

Applicants must satisfy the requirements set forth in **The Criteria**, complete the **Application form**, and provide all required **supporting documentation** as instructed and within the time limits stipulated.

The Fellow is expected to both present the results at the WHS Annual Meeting occurring closest in time to the conclusion of the research and submit the completed research for publication in *Wound Repair and Regeneration*, *The International Journal of Tissue Repair and Regeneration*®. In addition, when publicly referencing the research, the Fellow is required to acknowledge the Wound Healing Foundation 3M Fellowship support by using of content to be provided by WHF.

WHF reserves the right to rescind the award at any time if the Fellow fails to comply with the terms and conditions set forth herein and as provided in the submitted research application and supporting documentation.

WHF is a 501(c)(3) non-profit organization.
235 Plain Street, Suite 501 Providence, RI 02905
info@woundhealingfoundation.org

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CRITERIA

1. Each applicant must be a U.S. citizen or have a green card as a permanent resident;
2. The applicant has a Ph.D., M.D. or equivalent degree and received it within the last 10 years;
3. The applicant and/or the Sponsor must be a member of WHS;
4. The applicant has not previously been the principle investigator on R01 or similar level research awards/projects; and,
5. The applicant must meet one of the two below list requirements:
 - a. **if the applicant holds a regular, full time faculty appointment at a U.S. University or Medical School**, s/he must be non-tenured at the Instructor or Assistant Professor level and, at the time of the award, be within five (5) years of the initial faculty appointment. Also, the department chairperson must submit a letter** on letterhead describing the available research laboratory facilities and additional sources of salary support and research support, if any, protected time, significance of the research, and the applicant's qualifications. The letter must also state that Fellowship funds will be used for salary and direct costs only. Absence of this letter will exclude application from consideration.
 - b. **If the applicant does not hold a regular, full time faculty appointment as provided above (e.g., is a postdoc and/or medical resident or fellow)**, a senior faculty member of the U.S. University or Medical School laboratory must agree to serve as the Sponsor. Further, the Sponsor must submit a letter** on letterhead describing the available research laboratory facilities and additional sources of salary support and research support, if any, protected time, significance of the research, and the applicant's qualifications. The letter must also state that Fellowship funds will be used for salary and direct costs only. Absence of this letter will exclude application from consideration.

** Letters of support can be included with the application materials or sent separately by e-mail to awards@woundhealingfoundation.org.

Letters must be emailed no later than **November 21, 2017**.



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WHF 3M FELLOWSHIP APPLICATION INSTRUCTIONS

The completed application must be submitted along with the following supporting documentation:

1. Applicant's curriculum vitae and bibliography (Two page limit, Pre-May 2015, old NIH format style <http://grants.nih.gov/grants/funding/phs398/biosketchsample.pdf>).
2. Description of the research proposal: Use Arial 11 or Times New Roman 12 font. Proposal is limited to six (6) single-spaced pages (including any figures or tables) with the left margin of 1.5 inches and all other margins at least 3/4 inch. The proposal should include *title of the research project, synopsis (200 word limit), significance of this research, background information, preliminary observations, methods and design, and data analysis*
3. Literature cited (2 page limit).
4. Plans for appropriate institutional approvals (e.g. IRB, IACUC or Animal Studies Committee). No funds will be distributed until the Wound Healing Foundation receives a copy of the appropriate institutional approval.
5. Letter of support from either the Department Chair or the Sponsor (see **Criteria**).
6. A copy of the current Conflict of Interest Statement provided to the Sponsor in the normal course of that relationship.
7. The application and all supporting documentation are **only** accepted by email as a single pdf file attachment. Submit applications to: awards@woundhealingfoundation.org
8. Submissions must be received before 11:59 PM ET, **November 21, 2017**. A receipt will be sent. If you do not receive a receipt, please resend to ensure submission. A letter of support can be sent to Awards Committee of the Wound Healing Foundation with the application or separately to: awards@woundhealingfoundation.org.

Only typed applications will be accepted



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WHF 3M Fellowship Application Form

Title of Proposed Research: _____

Research Area _____

Applicant Name: _____ Current Position _____

Institution: _____

Mailing Address: _____

WHF Member Name: _____ Membership Number: _____

E-Mail: _____ Telephone: _____ Fax: _____

Date of Birth: _____ Nationality: _____

Undergraduate Education

Institution(s) Degree Date Received: _____

Medical or Graduate Education

Institution(s) _____ Degree _____ Date Received: _____

Other Graduate Education:

Institution(s) _____ Degree _____ Date Received: _____

Residency or Postdoctoral Training:

Institution(s) _____ Degree _____ Date Received: _____

Previous Research Experience (include institution, project, sponsor, and inclusive years), Special Honors or Awards:

Applicant Signature: _____ Date: _____

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Department Chair Information: (See Criteria, (3)(a))

Name: _____

Institution: _____

Mailing Address: _____

E-Mail: _____ Telephone: _____ Fax: _____

Have you applied for other sources of funding for this research? Yes _____ No _____

If yes, Name of organization: _____ Date: _____

If yes, what is the status of the application? _____

Sponsor Information (See Criteria (3)(b))

Name: _____

WHS Member? _____ Membership Number: _____

Institution: _____

Mailing Address: _____

E-Mail: _____ Telephone: _____ Fax: _____

References (Name and contact information)

1) _____

2) _____

3) _____

Sponsor's or Departmental Chair's Signature: _____ Date: _____

By signing below I certify that the information provided is accurate, that I agree to be bound by the terms and conditions of the Fellowship if selected, and that I am in compliance with the Sponsor's Conflict of Interest Disclosure policies and procedures:

Applicant's Signature: _____ Date: _____