Wound Healing Foundation 3M Fellowship Award

Application and Instructions
Deadline for Submission – November 26, 2019
The Wound Healing Foundation (WHF), through the support of 3M Health Care, is pleased to announce the call for applications for the 21st 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 26, 2019. Following a review by wound healing experts and then by the WHF Awards Committee, the successful applicant will be notified on or about January 22, 2020. The Fellowship award will be bestowed at the Wound Healing Society (WHS) Annual Meeting scheduled to occur Friday May 15, 2020 from 3:30-4:30PM at the convention center in San Diego, California. 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, 2020.

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 30, 2021, 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.
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 and received no later than **November 26, 2019.**
WHF 3M FELLOWSHIP APPLICATION INSTRUCTIONS

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

1. Applicant’s curriculum vitae and bibliography (Two page limit in 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 margins at least 3/4 inch. The proposal should include title of the research project, abstract (300 word limit), background and significance of this research, preliminary data, experimental approach (which should include experimental design, methodology, and expected results, alternative approaches in case problems are encountered) and a time line for the proposed work.

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 applicant's Sponsor (see Criteria).

6. A current copy of applicant's Chair/Sponsor's Institutional Conflict of Interest Statement or written statement about potential Conflict of Interest provided to the Wound Healing Foundation in relationship of scientific proposal and WHF Fellowship monies.

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 26, 2019. A received receipt email will be sent. If you do not receive an email receipt for the application, 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.
Wound Healing Foundation Application Form

Title of Proposed Research:__________________________________________________________
Research Area:__________________________________________________________
Applicant Name: __________________________________________ Current Position:_____________________________________________________
Institution: ________________________________________________________________
Mailing Address: ________________________________________________________________
WHS 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:
_____________________________________________________________________________________
_____________________________________________________________________________________

References (Name and contact information)
1) ________________________________________________________________________________
2) ________________________________________________________________________________
3) ________________________________________________________________________________

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? __________________________________________

Applicant Signature: _____________________________ Date: __________

Only typed applications will be accepted
WHF 3M Fellowship Application Form

Applicant Name: _______________________

Department Chair Information: (See Criteria, (3)(a))
Name: _____________________________________________________________
Institution: _______________________________________________________
Mailing Address: ___________________________________________________
E-Mail: ___________________________ Telephone: _______________ Fax: _______________

Sponsor Information (See Criteria (3)(b))
Name: _____________________________________________________________
WHS Member? __________________________ Membership Number: ______________________
Institution: _______________________________________________________
Mailing Address: ___________________________________________________
E-Mail: ___________________________ Telephone: _______________ Fax: _______________

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: _____________