

Form A-1

AOCD Ulbrich Grant Application

**APPLICATION FOR
A.P. ULBRICH RESEARCH AWARD**

Application is hereby made for the A.P. Ulbrich Research Award, for the year beginning July 1, _____ and ending June 30, _____, for the purpose of conducting research on the following subject:

Title of Project: _____

Name of Applicant: _____

Telephone Number: _____

Mailing Address: _____

Email Address: _____

Training Status: _____

Institution where work will be done: _____

Department in which work will be done: _____

Name of Sponsor/Advisor: _____

Title of Sponsor/Advisor: _____

Sponsor's Institution: _____

Sponsor's Department: _____

AGREEMENT REGARDING FUNDS RECEIVED AS A RESULT OF THIS APPLICATION

The undersigned agree:

- (1) To complete the project as outlined herein and to submit reports as outlined by the American College of Osteopathic Dermatology
- (2) To observe institutional responsibilities concerning protection of research subjects (where applicable), as outlined in the current Handbook of the Bureau of Research.
- (3) To make available the results of the studies through normal scientific publication channels, as appropriate, with credits designating the author as a grant recipient offered by the American Osteopathic College of Dermatology.

(Signed) _____
Applicant

(Signed) _____
Sponsor/Advisor

(Date) _____