



The Karen Brown SCLERODERMA FOUNDATION

Application Grants for New Scleroderma Investigators

The KBS New Investigator Grants are designed to support the entry of promising new scleroderma investigators.

Requirements:

Must be a Board Certified Rheumatologist

- The applicant must be mentored.
- The applicant must have completed post-doctoral training no more than six years ago.
- The applicant must show a previous and ongoing commitment to scleroderma research that has been demonstrated by previously published peer-reviewed research, and research in progress
- This grant cannot be used to support thesis, dissertation research or fellowship training.
- Cannot have been a principal investigator on any previous peer reviewed research.

Submittal Package Consists of:

- Completed Application
- CV
- Personal Statement
- Three letters of recommendation, including the mentor's.
- Research Proposal (not more than 6 pages), consisting of:
 - Description of the project.
 - The primary goal of the project.
 - The importance of the project.
 - Background and preliminary studies
 - The research design, processes used, and method of evaluation results.
 - Relevant references cited.

Please submit this package no later than April 30, 2011. The package should be emailed to: info@KBSfoundation.org For additional information, contact Mike Brown at info@KBSfoundation.org, or (818) 474-9648.

**KBS Foundation
Application Grants for
New Scleroderma Investigators**

Principal Investigator:

Name: _____

Position/Title: _____

Institution: _____

Department & Subdivision: _____

Mailing Address: _____

Telephone: _____ **Fax:** _____

E-mail Address: _____

Dates of the Proposed Grant From _____ **through** _____

Budget Requested \$ _____

Estimated percentage of applicant's effort for this grant: _____

Mentor's Name & Position: _____

List of other organizations where you have submitted or intend to submit a similar application:

**KBS Foundation
Application Grants for
New Scleroderma Investigators
Page 2**

Institutional Official To Be Notified If Grant Is Awarded

Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

If the Grant is Awarded, specify Payee & Mailing Address:

