



2019 Ralph Phillips Student Research Award Application – General Information

Student Name: Last First Middle

Current Address: Number and Street City State ZIP

Permanent Address: Number and Street City State ZIP

Current Telephone: Email :

Degree (check all that apply): BS DMD/DDS MS Other:

Student Status: Dental student: Y1 Y2 Y3 Residency: Y1 Y2 Area:

School in which you are enrolled: School: Address: Telephone:

Research Mentor or Co-Mentor, Academy of Operative Dentistry: Signature Email Name Title

Student: Signature Date

Submit your application electronically to Dr. Ana Bedran-Russo (bedran@uic.edu), chair of the Research Committee of the Academy of Operative Dentistry, no later than December 21, 2018. The application packet should consist of the following documents (font Arial, 11 point font, 1.5 line spacing), combined into ONE PDF file. Applications not strictly following the requested format will be returned without consideration.
- General Information form (this page)
- cover letter (applicant)
- Support letter (research mentor and/or co-mentor). Mentor or co-mentor must be an AOD member.
- Research protocol narrative [max 3 pages, including abstract (max 250 words), sentence of clinical relevance (max 3 lines), Background & Rationale, Specific aims & Hypothesis, Work plan (Methods) and Statistical analysis]
- Cited references (max 1 page)
- Budget and budget justification (max 1 page, budget may not exceed \$3,000. No Indirect Costs allowed.)
- Applicant's CV (max 2 page)