



Academy of Operative Dentistry

AN INTERNATIONAL DENTAL ASSOCIATION - SERVING THE WORLD OF DENTISTRY

2020 Ralph Phillips Student Research Award Application – General Information

Student Name: _____
Last First Middle

Current Address: _____
Number and Street
_____ City State ZIP

Address: _____
Number and Street
_____ City State ZIP

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. Erica Teixeira (Erica-teixeira@uiowa.edu), chair of the Research Committee of the Academy of Operative Dentistry, **no later than December 31, 2019.**

The application packet should consist of the following documents (font Arial, 11point 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)