# CURE-UAB 2017

# Scholarship Application

## Deadline: Monday, December 19, 2016

# **SCHOLARSHIP INFORMATION**

#### <u>Overview</u>

CURE-UAB is committed to advancing research and education on Underactive Bladder as such; the program is offering approximately 18 scholarships to cover the registration fee and cost of travel to CURE-UAB. Approximately half will be earmarked to junior investigators (graduate students, medical students, and postdoctoral fellows). Preferred acceptance for women, minorities, and persons with disabilities.

#### Scholarship Review

The scholarship application will be reviewed by an independent committee comprised of CURE-UAB faculty members. The committee will assess each candidate's potential and ability to contribute to CURE-UAB. Scholarships will then be awarded based on the committee's recommendations.

#### Requirements

Each applicant is required to submit the following to be considered for the scholarship:

- 1. Complete scholarship application (PDF)
- 2. Current brief CV or résumé (any format)
- 3. An abstract for a poster that you are willing to present at the CURE-UAB conference
  - Abstract Format: 300 words limit, submit as PDF file.
  - Title, Author(s), Affiliation(s), Background, Methods, Results, Discussion, Acknowledgements.
  - Abstract word count does not include acknowledgement, author name(s), affiliation(s), or title.
  - You are required to acknowledge any funding, prior presentations, conflicts of interest, and any scientific or ethical oversight.

#### **Submission**

Each scholarship applicant must submit **completed application**, a copy of your **CV or résumé**, and your **abstract for poster presentation** to <u>CURE.UAB@gmail.com</u> by 5:00pm (EST) on December 19, 2016. Please contact Sarah or Janet with any additional questions regarding the scholarship.

### **PERSONAL INFORMATION**

| Full Name:                  | Title                              |
|-----------------------------|------------------------------------|
| Street Address              | Institution                        |
|                             |                                    |
| City, State                 | E-mail                             |
| Zip Code                    | Phone Number                       |
| Country                     |                                    |
|                             |                                    |
| Gender:                     | Do you have a disability?          |
| Male                        | Yes                                |
| Female                      | No                                 |
| Prefer not to answer        | Prefer not to answer               |
| Educational Status:         | Ethnicity Origin (or Race):        |
| Graduate Student            | White                              |
| Medical Student             | Hispanic or Latino                 |
| Postdoctoral/Medical Fellow | Black or African American          |
| Other                       | Native American or American Indian |
| Prefer not to answer        | Asian/Pacific Islander             |
|                             | Other                              |
|                             | Prefer not to Answer               |