**Who’s eligible to apply for this scholarship?**

1. *United States Ophthalmology resident physicians, fellows and post-doctoral fellows.* The Juliette RP Vision Foundation Research Grant Program is restricted to residents of the 50 states of the United States of America, the District of Columbia, and Puerto Rico.

**When is the deadline?** **June 15th**

*This application form and all other required documentation must be received by June 15th (5:00 p.m. eastern time).*

*Please mail to: The Juliette RP Vision Foundation P.O. Box 44515 Rio Rancho, NM 87174* ***or*** *email the application and letters of recommendation.*

*Questions? E-mail: JulietteFoundation@me.com*

*Website:* [www.JulietteFoundation.org](http://www.JulietteFoundation.org)

**Checklist:**

1. Application form
2. Abstract submission
3. Itemized budget for research project and/or for travel expenses to research symposium such as ARVO.
4. Two Letters of recommendation commenting on your research and passion to help others.

<http://www.juliettefoundation.org/site/scholarships.htm>

1. **Name: (**first name, middle name, last name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Home address**;

City:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_\_\_\_\_\_

1. **Primary telephone:** (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Secondary telephone:** (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_
5. **What residency program/fellowship are you currently attending?**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_

Phone number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Chairperson’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Research Mentor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Research Mentor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Please submit an abstract of less than 1,000 words describing your research with a background supporting your type of research. If you have a scientific paper that has been published or in submission, please also submit this document. Applications with a thorough description of their research and what they have completed to date have a more favorable chance of being awarded a grant. Research projects that are most relevant to Retinitis Pigmentosa and related diseases will also receive the highest favor.

12. **Letters of Recommendation.**

Please have 2 letters of recommendation sent on your behalf by *June 15th (5:00 p.m. eastern time).*

*Please mail to: The Juliette RP Vision Foundation P.O. Box 44515 Rio Rancho, NM 87174 or via email. Questions? E-mail: JulietteFoundation@me.com*

*The letters should comment on your research project and your personal attributes that make you a stellar person to help patients with retina problems.*

**16. Eligibility:** Students must meet these criteria to be eligible. Please initial.

1. **\_\_\_\_ I confirm that I am an U.S. resident physician, fellow, or research fellow.**

**b. \_\_\_\_ I live in the United States (includes Washington, DC, and Puerto Rico).**

**17. Certification Statement:**

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge. Electronic Signature is acceptable.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_