

The Juliette RP Vision Foundation

Young Scientist Retina Research Grant

Application Form

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 (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

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>

Applicant's Full Name: _____

The Juliette RP Vision Foundation
Young Scientist Retina Research Grant
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1. Name: (first name, middle name, last name)

2. Home address;

City:

State: _____ *ZIP: _____

3. Primary telephone: (_____) _____

4. Secondary telephone: (_____) _____

5. E-mail: _____

6. Date of Birth (MM/DD/YYYY): ____/____/____

7. What residency program/fellowship are you currently attending?

Name: _____

City: _____ State: _____ ZIP: _____

Applicant's Full Name: _____

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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 **January 15th** (5:00 p.m. eastern time).

Applicant's Full Name: _____

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Please mail to: The Juliette RP Vision Foundation P.O. Box 44515 Rio Rancho, NM 87174 or via email. Questions? E-mail: info@juliettefoundation.org

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.

- a. 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: _____

Applicant's Full Name: _____