

# Georgia Orthopaedic Society Foundation

## Resident Research Funding Application

Each year (as donations allow), the GOSF will offer funds to support resident research at each of the four ACGME-accredited orthopaedic surgery residency programs in Georgia: Emory University School of Medicine Program, Medical College of Georgia Program, Dwight David Eisenhower Army Medical Center Program, WellStar Atlanta Medical Center Program. Each year, available funds will be divided between the four programs. A resident application form will be supplied to each program and will be available on the GOSF website. Each resident requesting funds from GOSF must fill out an application. The program director will approve applications based on need and merits of the project. Each residency coordinator will keep on file all applications and provide an update to the GOSF before each GOS Annual Meeting. The funds may be used for qualified research and clinical expenses.

### APPLICANTS AND PROJECTS

- Must be a full-time orthopaedic surgery resident at the time funds are awarded, and must be able to complete the project while a resident. Students and fellows are not eligible.
- Must have at least 6 months and preferably 12 months of remaining time in residency in order to pursue the proposed research, unless the candidate can provide a clear and explicit plan for completing all project activities and spending all funds in a shorter remaining time.
- Must complete the GOSF Resident Research Fund Application and submit to their Program Director. This application will briefly outline the objective of the resident research project and clarify specific funding needs. The faculty mentor on the project will need to sign and attest stating that s/he supports the proposal request and if an award is made, that s/he will support the applicant to maximize the probability of a successful project.
- The resident and/or residency program must be willing to give a brief update on the status of the project until completion. The program will supply a list of projects supported to the GOSF prior to the next GOS annual meeting.
- The research project should be largely designed and conducted by the resident as opposed to the mentor, although underlying funds or infrastructure from the mentor may be used.
- Only one application per person may be submitted. Only one award per resident is allowed and awarded residents may not apply again.

### FUNDS

- Must be used in the 12 months following the award.
- Must be used for the activities detailed in the application.
- Must be used for research expenses. Examples would include materials for a biomechanical study, consultation fees for statistical analysis, journal submission fee, poster printing fee, etc.
- Cannot be used for travel to attend scientific meetings, regardless of whether or not an abstract is to be presented.
- Cannot be used to purchase books or other personal academic supplies for the resident, or to purchase computers or electronic devices for the resident.
- Funding may be awarded for the following activities/uses/expenses but these requests will be given lower priority:
  - Training or workshop costs directly related to the research project.
  - Travel necessary to collect data or conduct research.
  - Hardware and software purchases.

**Georgia Orthopaedic Society Foundation  
Resident Research Funding Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ M.D. \_\_\_\_\_ D.O.

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residency Program: \_\_\_\_\_

Department/Division address: \_\_\_\_\_

Department/Division city-state-zip: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Resident Post-Graduate Year: \_\_\_\_\_

Have you applied to other funding sources for the current project? \_\_\_\_\_

**RESIDENCY PROGRAM DIRECTOR'S INFORMATION**

Program Director's First Name: \_\_\_\_\_ Program Director's Last Name: \_\_\_\_\_

Program Director's Email: \_\_\_\_\_ Program Director's Primary Phone: \_\_\_\_\_

**MENTOR'S INFORMATION**

Lead Mentor's First Name: \_\_\_\_\_ Lead Mentor's Last Name: \_\_\_\_\_

Lead Mentor's Title: \_\_\_\_\_ Lead Mentor's Institution: \_\_\_\_\_

Lead Mentor's Email: \_\_\_\_\_ Lead Mentor's Phone: \_\_\_\_\_



Total Requested from GOSF: \_\_\_\_\_

Total amount of project funding if it exceeds \$2000: \_\_\_\_\_

Budget Details and Justification:

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Submitted by (Signature): \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Attestation of Research Mentor:** I, \_\_\_\_\_, support this proposal request and if an award is made, I will provide guidance and support to the applicant to maximize the probability of a successful project.

**Signed,** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be filled out by Residency Program Director:**

Amount Awarded: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Reminder to Residency Coordinator: Please keep all approved applications on file in order to provide an update to GOSF prior to GOS Annual Meeting\*\*\*