



American Asthma Foundation Research Program

Application Cover Sheet for 2010 Award

Award Type (check one): Early Excellence Senior Investigator

INVESTIGATOR

FIRST INITIAL LAST DOCTORAL DEGREE(S)

Project Title _____

Institution _____

Department _____

Professional Title _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Email _____

CO-INVESTIGATORS (See Detailed Instructions for definition. List name, degree, position title, and institution for each.)

COLLABORATORS (List name, degree, and institution.)

PROJECT INVOLVES HUMANS OR HUMAN MATERIAL (check one): Yes No

HOW DID YOU HEAR ABOUT THIS PROGRAM? (check all that apply):

- Letter from AAF Colleague Other _____
- Personal email from AAF Web database

ADMINISTRATIVE ASSISTANT FOR PI _____

Phone _____ Email _____

INSTITUTIONAL OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

Name _____ Position Title _____

Phone _____ Email _____

Signature of Applicant _____

**APPLICATIONS MUST BE RECEIVED BY
FEBRUARY 4, 2010, 5:00PM, PST**

Signature below indicates agreement to accept, if an Award is made, the obligation to oversee the prudent management of grant funds in accordance with AAF policies (www.americanasthma.org/grants) and to assume responsibility for the oversight of human and/or animal studies according to prevailing national and international standards. I am aware that AAF Awards provide no institutional indirect costs or funds for rental of space. No budget is required at the time of application.

Signature of Institutional Official Signing for Applicant Institution _____ Date _____

Typed Name of Institutional Signatory _____ Professional Title _____