



2023 Philip R. Dodge Young Investigator Award

Application Instructions

Submit a single electronic copy of the application to Monique Terrell, Executive Director, Child Neurology Society: smterrell@childneurologysociety.org, and to Laura Jansen, M.D. Ph.D., Awards Committee Chair: laura.jansen.md.phd@gmail.com.

Please provide a narrative describing your research program and its findings. Please limit this narrative to 8 pages, not including references. The document should be written in double-spaced, 11-point Times New Roman or Arial font, with one-half-inch margins minimum. Figures are encouraged but are included in the 8-page limit. In the narrative, please address the following four topics (not necessarily in this order):

1. Candidate background

- a. Describe your education and your experience in research.
- b. What led you to pursue your current project?
- c. Optional: Describe any personal or scientific obstacles you have faced and overcome on your career path.

2. Research portfolio

- a. What are the goals of your research?
- b. What scientific approaches have you utilized?
- c. What are your most important and interesting findings?
- d. Optional: How have you incorporated diversity, equity, and inclusion into your work?

3. Impact of your research

- a. What was the state of the field before you began your research?
- b. How has your research impacted the field?
- c. What are the new questions generated by your work?
- d. How have you incorporated mentorship of others into your work?

4. How would funds from the Dodge Young Investigator Award (\$30,000) be used?

- a. Would the funds be used to collect preliminary data for a new research direction, perform additional work to support current projects, provide personnel support not available under current funding, etc? Please provide sufficient detail to allow assessment of feasibility of any proposed research studies. Documentation of IRB/IACUC approvals will be requested for any studies involving human subjects or vertebrate animals.
- b. How would this award advance your research career?



Prepare the proposal in the following format:

- Page One Face Page
- Pages Two-Nine Proposal Narrative
- Page Ten References
- Appendix:
 - Current curriculum vitae. Please place an asterisk next to those publications that best represent your most important contributions to the field (maximum of 10). Please annotate these publications with a description of your role in each effort. Please also list current and previous grant awards including direct costs and percent effort.
 - Please submit up to three reprints of papers that have been published or accepted for publication on which you are an author.
 - Letters of Recommendation
 - Submit up to three letters of support.
 - At least one letter should include a statement of the applicant's eligibility for the Award and document the institution's willingness to accept the award without indirect costs. These statements are often included in a letter from the applicant's Department Chair or Section Chief.

- Convert the entire proposal to a PDF format and send copies to Monique Terrell, Executive Director, Child Neurology Society: smterrell@childneurologysociety.org, and to Laura Jansen, M.D. Ph.D., Awards Committee Chair: laura.jansen.md.phd@gmail.com.
- **The complete proposal must be received on or before April 15, 2023.**
- Applications that do not adhere to the sanctioned procedure may be returned without review.
- The applicant will be informed of the Committee's decision by June 12, 2023.
- The Dodge Awardee should ask a senior member of the Society to deliver a brief five-minute introduction. The Dodge awardee will then be expected to deliver a formal twenty-minute presentation to the CNS membership at the next Annual Meeting.
- All correspondence should be sent to: Monique Terrell, Executive Director, Child Neurology Society: smterrell@childneurologysociety.org.



CNS Philip R. Dodge Young Investigator Award Face Page

Applicant Information

Name:

Position Title:

Department / Division:

Date completing pediatric neurology residency (month/year):

Contact Information:

Address:

Cell Phone:

Email:

Applicant Organization

Name:

Address:

Administrative Official to be notified if the award is made

Name:

Address:

Phone:

Email:

Applicant Signature _____ Date _____