AANS/CNS CEREBROVASCULAR SECTION ANNOUNCES THE:

Robert J. Dempsey, MD, Cerebrovascular Research Award

APPLICATION FORM - Deadline March 15th, 2024

(Please type or print clearly.)

Printed Name: __________________________ E-mail address: __________________________

Office Address:

________________________________________

Training Program: __________________________ Current Year of Training PGY: ____________

Phone: __________________________ Fax: __________________________

Project Title: __________________________

1) Provide a brief summary of the Proposed Research, as follows:
   a. Pertinent background and rationale (0.5-1 page)
   b. Hypothesis and objectives (0.5 page)
   c. Outline of experiments planned (1.5-2 pages)
   d. Budget (0.5-1 page). List only expenses of proposed research up to $15,000 (no travel, indirect costs, or salary permitted). Award checks are issued to the resident’s institution, in care of the Program Director to cover approved research budget. A W-9 will be required from the winner’s institution prior to check issuance.

ATTACH ABOVE AS SEPARATE SHEETS (do not exceed 4 sheets)

2) Dates of laboratory rotation for proposed research: __________________________

3) What is your clinical commitment during this period (i.e., clinic OR call coverage)? __________________________

A written summary of the research accomplished will be required at the completion of the research period.

Applicant Signature: __________________________ Date: __________________________

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PROGRAM CHAIRMAN

I certify that the above individual is a resident in good standing in the neurosurgical training program at ________

Program Chairman Signature: __________________________ (Printed Name): __________________________ E-mail address: __________________________

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