



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 _____

PROGRAM CHAIRMAN

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

_____ Date: _____

Program Chairman Signature _____ (Printed Name) _____ E-mail address _____

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