



# 2018 Postgraduate Fellowship

**Purpose:** To foster support for research and scholarly projects.

**The Opportunity:** Postgraduate awards will be given to residents and fellows for research or scholarly projects in the spirit of the ΑΩΑ mission. Priority for scholarly projects will be given to those that include elements of leadership, professionalism, and teaching.

**The Fellowship:** Up to 10 fellowships of \$2,000 each, with one-half paid on announcement of the fellowship, and one-half on approval of the final report. Schools, departments, and/or programs are encouraged to provide additional or matching funds. Only one candidate per school may be nominated.

**Eligibility:** Medical residents and fellows in programs at institutions with an active ΑΩΑ Chapter or association. Applicants must be nominated by their residency or fellowship program directors. Applicants need not be ΑΩΑ members, however, those who are members must have active status. In addition, all ΑΩΑ members included in the submission packet must have active status.

**Deadline for Application:**

Applications must be received by the National Office no later than **May 31, 2018**.

**Application to the Councilor:**

The Councilor and his/her selection committee will choose the proposal judged to be the most promising and with a high probability of completion during the next year. Applications should include:

1. A completed checklist (see attached).
2. A summary of the project written by the applicant. Requirements are listed on the checklist.
3. The project bibliography (if applicable).
4. If required, a copy of IRB/IACUC approval or proof of submission for approval.
5. The applicant's CV (no more than four pages in length).
6. A letter of support from the applicant's mentor (if applicable), indicating his/her commitment of time and interest to the project and applicant.
7. The mentor's biosketch (if applicable).
8. A letter of nomination from the applicant's residency or fellowship program director, including a commitment to allow the applicant time to complete the proposed project.
9. An endorsement of the applicant's department chair, which should comment on the applicant's achievements and potential, and the suitability of the faculty sponsor for mentoring (if applicable).

**Application to the National Office:**

The proposal selected by the Councilor must be sent to the National Office, and, in addition to the items included in the submission to the Councilor, must include:

1. A letter of endorsement from the ΑΩΑ Councilor.
2. All materials submitted as a PDF in the format listed on the checklist; incomplete applications will not be accepted.

3. Applications must be emailed to: [postgraduateaward@alphaomegaalpha.org](mailto:postgraduateaward@alphaomegaalpha.org) no later than **May 31, 2018**.

**The review process:** An AΩA committee will evaluate each proposal. Additional information or clarification may be requested.

**Fellowships will be announced:** August 15, 2018.

**Other Important Information:**

1. **Approval of clinical or animal projects by the local medical center IRB or IACUC is required before funding will be provided.**

2. No indirect costs will be paid.

3. No later than **September 30, 2019**, all recipients must submit a final report of the project to the National Office. Upon acceptance of the final report, the remaining \$1,000 in funding will be released.

4. Award recipients are also encouraged to keep a journal or blog (including photos or video, if applicable), particularly for service-related projects, which may be linked to the AΩA web site. Any publication of the project findings must contain the following acknowledgment: *Supported in part by an Alpha Omega Alpha Postgraduate Award.*

5. For more information, please contact Jean Holzwart at 720-859-4149 or [postgraduateaward@alphaomegaalpha.org](mailto:postgraduateaward@alphaomegaalpha.org).

Last updated 9-15-17

# Checklist: Alpha Omega Alpha Postgraduate Fellowship

First name		Last name:	
AΩA # (if applicable)			
Address & phone #			
E-mail:			
Title of your proposal:			
Program specialty		Year of residency	
Project category:			
School/Hospital:			
Councilor name(s):			
AΩA # (if applicable)			
Mentor name(s), if applicable:		E-mail:	
AΩA # (if applicable)			
Mentor address:			
Program director name:		E-mail:	
AΩA # (if applicable)			
Program director address:			
Department chair name:		E-mail:	
AΩA # (if applicable)			
Department chair address:			

## Checklist for submission to AΩA Councilor

	Item	File Name
	Completed checklist	1-Checklist.pdf
	Four-page summary (single-spaced, 12 point type, 1-inch margins)	2-Summary.pdf
	Title	
	Background information	
	Project description and applicant goals	
	Potential significance	
	Bibliography of the project, if applicable	3-Biblio.pdf
	IRB or IACUC approval, or proof of application (do not include the complete submission), if applicable	4-Approval.pdf
	Applicant's CV	5-CV.pdf
	Letter of support from mentor, if applicable	6-MentorLtr.pdf
	Mentor biosketch, if applicable	7-MentorBio.pdf
	Letter of nomination from residency of fellowship program director, including a commitment to allow time to complete the project	8-ProgramDir.pdf
	Letter of endorsement from department chair	9-DeptChair.pdf

## Checklist for submission to National Office by May 31, 2018

	Letter of endorsement from AΩA Councilor	10-Councilor.pdf
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