

## APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

[Log In](#) to update an existing application.

Please review the "Instructions to Applicants" for National Kidney Foundation Young Investigator Grants before completing this application.

### Applicant Name

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Middle:	<input type="text"/>
Email:	<input type="text"/>

### Membership

Are you a dues-paying professional member of the National Kidney Foundation?  Y  N

### Subject Matter of Proposed Research

Basic Research  Clinical Research

Please describe in the space provided below, the relevance of the proposed project to the research agenda of the NKF, explaining, if appropriate, the specific research recommendation(s) from the KDOQI Clinical Practice Guidelines that the proposal addresses. (A complete listing of KDOQI research recommendations is available on the [NKF website](#), as is the "NKF Research and Training Agenda, 2004-9.")

Save and Continue

## APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

TITLE OF RESEARCH PROJECT  
(Do not exceed 56 characters, including spaces and punctuation.)

Highest Degree:

Present Mailing Address (Street):

City:

State:

Zip:

Permanent Mailing Address (Street):

City:

State:

Zip:

Office Telephone # (Area Code, No. and Ext.):

Home Telephone # (Area Code & No.):

Permanent Telephone # (Area Code and No.):

Fax #:

Citizenship or Visa Status:

PRIOR AND/OR CURRENT NKF SUPPORT (Individual or Program):  Yes  No

DATES OF PROPOSED AWARD (From):  (mm/dd/yyyy)

DATES OF PROPOSED AWARD (Thru):  (mm/dd/yyyy)

Proposed Award Duration (in Months):

Degree Sought During Proposed Award (if applicable):

Expected Graduation Date:  (mm/dd/yyyy)

Human Subjects:  Yes  No

Research Exempt:  Yes  No

If yes, Exemption #

Human Subjects Assurance Number:

NIH-DEFINED PHASE III CLINICAL TRIAL:  Yes  No

VERTEBRATE ANIMALS:  Yes  No

ANIMAL WELFARE ASSURANCE NO:

### NAME OF MENTOR

First Name:

Middle:

Last Name:

Telephone:

Fax:

Email:

[Previous](#)

[Save and Continue](#)

**APPLICATION FOR YOUNG INVESTIGATOR FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

Name of Proposed Sponsoring Institution:

Address Line 1:

Address Line 2 (if applicable):

City:

State:

Zip:

Department, Service, Laboratory, or Equivalent:

Major Subdivision:

Entity Tax Identification Num:

Name of Advisor:  
(If different from Sponsor)

Telephone Number of Advisor:  
(If different from Sponsor)

NAME OF OFFICIAL IN BUSINESS OFFICE:

Phone:

Street Address:

Address Line 2 (if applicable):

City:

State:

Zip:

Email:

Department/Division in which work will be conducted:

DEPARTMENT/DIVISION Head:

Phone:

Street Address:

Address Line 2 (if applicable):

City:

State:

Zip:

Email:

**OTHER PROFESSIONAL PERSONNEL ASSOCIATED WITH THE PROJECT**  
 (List name, degree and position of each professional associated with the project and indicate their capacity, e.g. Collaborating Investigator, Research Assistant, etc.)

Previous

Save and Continue

## APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

SIGNATURES AND ASSURANCES INDICATE BELOW RELEVANT INSTITUTIONAL ASSURANCES  
(Attach copies of relevant documents.)

Biohazards	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____
Radioisotopes	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____
Human Tissue	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____
Human Subjects	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____
Animal Subjects	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Approved: _____
Is Institution Accredited by AAALAC?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Effective Date : _____
Does Institution have current PHS Animal Welfare Assurance?	<input type="radio"/> Yes <input checked="" type="radio"/> No	ID Number: _____

The individuals signing below attest that:

- a) research funded pursuant to this application will be conducted as described herein and
- b) that institutional resources will be made available, as specified, to pursue this investigation. They agree to follow the terms and comply with the policies for the research funding mechanism for which funding is sought.

Applicant's signature:	_____
Date:	_____ (mm/dd/yyyy)
Department/Division Head's signature:	_____
Date:	_____ (mm/dd/yyyy)
Name and title of Fiscal Officer:	_____ _____
Fiscal Officer's Signature:	_____
Date:	_____ (mm/dd/yyyy)
Sponsor's Signature (if applicable):	_____
Date:	_____ (mm/dd/yyyy)

### BUDGET REQUEST:

List below a budget, by category, for each year of support. In the next section, please explain any large change in the amount requested per category in the different years.

[Empty text box for input]

Describe any large or unusual expenses in any category or any costs for which the need may not be obvious.

[Empty text box for input]

Previous

Save and Continue

**APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

**FACILITIES:** Indicate the facilities available for the applicant's use and briefly indicate their capacities, relative proximity and extent of availability for applicant's use. Use "other" to describe the facilities at any alternate or secondary research sites or field study sites pertinent to the applicant's research.

Laboratory space:

---

---

Major Equipment  
(pertinent to  
project):

---

---

Clinical Facilities:

---

---

Animal Resources:

---

---

Computer Capabilities:

Office Space:

**Other** (Provide any other information describing the environment for the project. Identify Support services such as consultants, secretaries, etc., that are pertinent to the applicant's research and their availability to the applicant):

**MENTOR'S LETTER OF SUPPORT/DEPARTMENT CHAIRMAN'S LETTER OF COMMITMENT/VERIFICATION**

Applicants for National Kidney Foundation Young Investigator Grants should attach a letter of commitment from the chairman of their department and a mentor's letter of support.

Mentor's Letter of Support:

Department Chairperson's Letter:

**APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

**APPLICANT BIOSKETCH (name of applicant):**

First Name:

Last Name:

Middle:

**APPLICANT'S EDUCATION**

DEGREE:	<input type="text"/>
MONTH/YEAR	<input type="text"/> <input type="text"/>
FIELD	<input type="text"/>
INSTITUTION	<input type="text"/>
MENTOR	<input type="text"/>
DEGREE:	<input type="text"/>
MONTH/YEAR	<input type="text"/> <input type="text"/>
FIELD	<input type="text"/>
INSTITUTION	<input type="text"/>
MENTOR	<input type="text"/>
DEGREE:	<input type="text"/>
MONTH/YEAR	<input type="text"/> <input type="text"/>
FIELD	<input type="text"/>
INSTITUTION	<input type="text"/>
MENTOR	<input type="text"/>

**APPLICANT'S TRAINING/EMPLOYMENT (AFTER COLLEGE)**

ACTIVITY/OCCUPATION:	<input type="text"/>
BEGINNING DATE:	<input type="text"/> <input type="text"/>
ENDING DATE:	Present <input type="text"/> Present <input type="text"/>
FIELD	<input type="text"/>
INSTITUTION/COMPANY	<input type="text"/>
SUPERVISOR/EMPLOYER	<input type="text"/>
ACTIVITY/OCCUPATION:	<input type="text"/>
BEGINNING DATE:	<input type="text"/> <input type="text"/>
ENDING DATE:	Present <input type="text"/> Present <input type="text"/>
FIELD	<input type="text"/>
INSTITUTION/COMPANY	<input type="text"/>
SUPERVISOR/EMPLOYER	<input type="text"/>
ACTIVITY/OCCUPATION:	<input type="text"/>
BEGINNING DATE:	<input type="text"/> <input type="text"/>
ENDING DATE:	Present <input type="text"/> Present <input type="text"/>
FIELD	<input type="text"/>
INSTITUTION/COMPANY	<input type="text"/>
SUPERVISOR/EMPLOYER	<input type="text"/>

**PRIOR AND/OR CURRENT RESEARCH SUPPORT.**

List type (individual and/or institutional), dates, and grant or award numbers for research funding that is available to support your research. Explain any budgetary and/or scientific overlap with the proposed NKF Young Investigator Grant and the relationship between the project proposed in this application and any other current research awards.

**ACADEMIC AND PROFESSIONAL HONORS.**

Include all scholarships, traineeships, fellowships, and development awards. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

TITLE(S) OF  
THESIS/DISSERTATION(S)

NAME OF DISSERTATION  
ADVISOR OR CHIEF OF  
SERVICE

Advisor's TITLE:

Advisor's DEPARTMENT:

Advisor's INSTITUTION:

**APPLICATION FOR CONCURRENT SUPPORT**

Yes  No

List all pending support (training, research, supplies, travel, etc.) that would run concurrently with the pending period covered by this application whether or not you are the Principal Investigator. Include the type, dates, source, and amount.

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

From:

To:

From:

To:

From:

To:

From:

To:

From:

To:

Explain any potential budgetary and/or scientific overlap with the proposed NKF Clinical Scientist Award and the relationship between the project proposed in this application and any other application for research support.

[Previous](#) [Save and Continue](#)

**APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

**RESEARCH EXPERIENCE**

a. Summary:

b. Doctoral Dissertation:

c. Publications (published, accepted, submitted, or in preparation):

**TIME COMMITMENT**

Approximate percentage of proposed award time in activities identified below.

Year	Research	Course Work	Teaching	Clinical
First	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Second	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

**APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

**LAY SUMMARY**

Previous

Save and Continue

## APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

### PART I: RESEARCH PROPOSAL:

Attach pages describing research proposal in the format prescribed in the instructions to applicants for the relevant award category and conforming to the following page restrictions.

Please note the following page limitations and observe the page limitations for each section of the research proposal as described in the Instructions to Applicants.

Click the "Browse" button to find the appropriate file on your computer. Clicking "Save and Continue" will upload the file.

National Kidney Foundation Young Investigator Grant (limit 17 pages)

## APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

### REFERENCES

Please list names and addresses of persons who are familiar with your scientific interests and abilities on this page. Then, **download the following form**, and ask them to use it to submit references.

[Reference Form](#) -  Self-Extracting Zip format

Send all materials to: [research@kidney.org](mailto:research@kidney.org)

Three references should be submitted by applicants for NKF Young Investigator Grants. These letters are in addition to the Chairman's Letter of Commitment and Mentor's Letter of Support.

Full Name (First, Middle, Last):

Title:

Institution:

Department:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Full Name (First, Middle, Last):

Title:

Institution:

Department:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Full Name (First, Middle, Last):

Title:

Institution:

Department:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

**APPLICATION FOR YOUNG INVESTIGATOR GRANT SUPPORT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

CAREER DEVELOPMENT PLANS AND STATEMENT OF ELIGIBILITY (to be completed jointly by Young Investigator Grant Applicant and his/her Mentor)

Describe how a NKF Young Investigator Grant will help the grantee to take steps towards an independent research career, rather than merely supplement funding from other agencies. Explain how the studies proposed by the applicant represent a new area of investigation that is independent from the mentor's research activities.

**Signatures**Applicant Signature: Date:  (mm/dd/yyyy)Mentor Signature: Date:  (mm/dd/yyyy)[Previous](#)[Save and Continue](#)

**APPLICATION FOR YOUNG INVESTIGATOR GRANT FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

**MENTOR'S BIOGRAPHICAL SKETCH**

Provide the following information for the mentor. DO NOT EXCEED FOUR PAGES.

NAME OF MENTOR

POSITION TITLE:

EDUCATION/TRAINING  
(Include degree year and field of study.)

INSTITUTION AND LOCATION

DEGREE (if applicable)

YEAR(s)

FIELD OF STUDY:

**NOTE:** The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow this outline.

**A. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

**B. Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation.

**C. Research Support.** List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

Previous

Finish