

Office of Student Professional Enrichment

Gill Fellowship Award Confirmation

By signing this document, you are accepting a Gill Fellowship award, and are thereby responsible for the following:

Students with a Gill Fellowship must submit a scientific abstract (1000 word maximum) by August 15, including the following:

- Title of project
- All authors and respective institution(s), and description of contributions to the project
- Importance of the study question
- Objectives and hypotheses addressed in the project
- Design and approach of the study, including patient groups or animal/cell subjects. As applicable, describe interventions, drug or therapy used, duration of administration, etc.
- Main outcome measures (e.g. days in the hospital, mortality, cell death, etc.)
- Statistical approaches to the data collected
- Results, including main outcomes of the study, validity, comparisons, additional measurements, and conclusions
- IRB or IACUC or other registrations
- Studies that might follow on from the study results

All Gill Fellowship Recipients are also required to:

- Submit an abstract and present a poster on your summer project at GW/CNHS Research Day the following spring
- Complete a program evaluation to provide feedback on your experience.
- Be available to present to a group that may include students, donors, faculty, and alumni.

Review Himmelfarb Library resources for creating an abstract and poster:

<http://libguides.gwumc.edu/c.php?g=411218&p=2802738>

****By signing this document you are confirming that you have not received, nor will be accepting, any other internal or outside funding for the program in which you have been awarded funding by the GW School of Medicine and Health Sciences.**

This award is contingent upon academic standing. You must maintain good academic standing throughout the duration of the accepted program.

Signature

Date

****Supplemental funding is allowed as long as it provides only minimal support. It is your responsibility to have any supplemental support reviewed and approved by the Office of Student Professional Enrichment prior to the start of your project or program.**

Office of Student Professional Enrichment

**Gill Fellowship Award
Acknowledgment Statement**

Important Note: If your project involves human or animal research, IRB, IBC, and/or IACUC approval is required. Students must provide written confirmation from their faculty mentor that the project has the required approval prior to receiving Gill funding.

I, _____, elect to accept the award to support the summer program that I will be participating in for a minimum of eight weeks. I acknowledge that no services to the GW School of Medicine and Health Sciences or the GW University are required to receive the stipend.

I, _____, elect to decline the award.

Signature

Date

If accepting the scholarship, please provide the requested information below to be used to process your stipend payment.

Name: _____
(Print: Last name, First name and Middle name)

GWid: _____

Address:

If you are not a U.S. citizen, please provide your visa status:

Visa Status: _____ F-1 _____ J-1 _____ J-1 Teacher Other: _____