



*Application
for the IRRF
Postdoctoral Scholar Award*

*The International Retinal Research Foundation, Inc.
Birmingham, Alabama*

The International Retinal Research Foundation
IRRF Checklist

Check List: Check the appropriate box (application will be not be accepted if boxes are not checked, indicating that all nomination requirements have been met).

	YES	N/A
Guidelines read and accepted. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research description does not exceed 3 pages. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposal involve humans? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposal involve animals? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biographical Sketch does not exceed 2-page limit. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Font is 12 point or higher. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have read and accept the terms of the application. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Applications cannot exceed page limits where indicated, otherwise the application will not be considered. Manuscripts authored by the applicant may be provided as additional support material. Completed application must be assembled in the following order: Cover Page; IRRF Checklist; Face Page; Application/Support Letters; Research Description (limit 3 pages); Biographical Sketch.

The International Retinal Research Foundation
Face Page

**The International Retinal Research Foundation – IRRF Postdoctoral Scholar Award
Face Page**

Title of Project: _____

Sponsoring Faculty Member: _____
(Last, First, Middle Initial)

Complete Mailing Address: _____

_____ **Telephone and Telefax:** _____

Email: _____

Applicant for IRRF Postdoctoral Scholar Award:

Name _____ *Degree* _____ *Department* _____

Telephone: _____ **Email:** _____

Total Years of Postdoctoral Experience: _____ **Other Institutions:** _____

Name of Grantee Organization: _____

Mailing Address: _____

Sponsoring Faculty Member Signature: (In ink. “Per” signature not acceptable):

The scientific and technical material contained in this nomination is, to the best of my knowledge, current and accurate.

Signature: _____ **Date:** _____

***The International Retinal Research Foundation
Research Description***

Background, Research Design, Methods: Limit to 3 pages.

*The International Retinal Research Foundation
Biographical Sketch*

Not to exceed two pages per investigator. (Work history; educational history; honors and awards; relevant published manuscripts or in press.)