



Raising hope, one and a half hearts at a time
Matthew's Hearts of Hope, Inc. (501(c) (3))
1 Farm Road, Sherman, Connecticut 06784
www.matthewsheartsofhope.org matthewsheartsofhope@hotmail.com

MATTHEW'S HEARTS OF HOPE RESEARCH GRANT APPLICATION

The Matthew's Hearts of Hope research grant is a one-time award for full-time pediatric cardiology fellows conducting research to advance knowledge about congenital heart defects during the 2016-2017 academic year. Up to five awards ranging from \$2,500 – 5,000 per recipient will be made.

Criteria for award selection include:

1. A brief but comprehensive summary detailing the research study, including aims of the study, background literature, methods/programs/practices to be utilized, implications of the study in terms of advancing knowledge of congenital heart disease.
2. Completed institutional IRB, if appropriate
3. Detailed budget for the utilization of the grant funds
4. Letter of reference from a professional mentor

Applications will be accepted from July 15th – November 1st, 2016
Research using human embryos will not be considered.

DEADLINE FOR APPLICATION
December 1, 2016

RETURN COMPLETED APPLICATION TO:

Marie Hatcher, RN, President Matthews Hearts of Hope
mhatcher@matthewsheartsofhope.org



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APPLICATION

Date _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Email _____ Phone (_____) _____

Mailing Address

City _____ State _____ Zip _____

Race/Ethnicity/Gender (for reporting purposes ONLY):

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Other | |

Gender : _____

Medical School: _____

Year of Graduation: _____

Residency Institution: _____

Fellowship Institution: _____

Year in Fellowship: _____

Are you receiving any other form of financial assistance for your research? Yes No
If yes, what type of aid are you receiving?



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GRANT APPLICATION FORMAT

Hypothesis

Background literature (referenced in AMA format)

Aim

Methods/Programs/Practices

Budget

Outcomes Anticipated

A full report is expected upon the completion of the research study.

All of the information I have provided on this application is true and correct to the best of my knowledge. If I am selected as a grant recipient, I agree to follow the guidelines of the grant criteria.

Signature of Applicant

Date