

ELAINE MEADOWS RESEARCH SCHOLAR AWARD PROCEDURES

The purpose of the Elaine Meadows Research Scholar Award is designed to foster dissemination of research to colleagues and career development in women's health physical therapy.

This award is designed to defray the costs of travel to attend the APTA Combined Sections Meeting in order to disseminate research findings and establish a national network of research colleagues. Transportation (e.g. taxicabs, airport shuttle, automobile rentals) are not included as part of the award.

This award opportunity is open to all SOWH members who are presenting reviewed research (i.e.: poster and platform presentations) concerning women's health physical therapy. Recipients are expected to attend SOWH programming at CSM, provide documentation of attendance through a detailed report of the activities attended at the Combined Sections Conference, and submit a manuscript to the Journal within one year of the award.

Eligibility Criteria: To be considered for this award, applicants must

- 1) be a member of the SOWH
- 2) have an abstract accepted for presentation at CSM
- 3) be the lead and/or presenting author

Review Procedures: Only applications submitted by e-mail to the SOWH Director of Research will be considered for evaluation.

Criteria for evaluation include the following:

- Justification of need for a travel scholarship included as part of the cover letter.
- Copy of the abstract accepted for presentation at the Combined Sections Meeting
- relevance of research to be presented to women's health physical therapy
- Letter of support from your immediate supervisor and an additional women's health physical therapist

Application Deadline: Receipt of the application is due to the Director of Research by the first Monday in December via e-mail. The award will be announced the following January to ensure that the awardee is able to register with early bird registration. The applicant must ensure that the e-mail submission include a "return receipt" as notification of receipt will not be issued upon receipt. Once awarded, all travel plans, hotel reservations and conference registration will be the responsibility of the awardee. The Director of Research will provide a copy

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of the SOWH reimbursement form to the awardee. The awardee is responsible for submitting the expense report and detailed report of all activities while at CSM within one (1) month of CSM to the Director of Research. The awardee is responsible for submitting a manuscript to the journal within one year of CSM.

The applicant cover letter must be no longer than 2 pages. This page limit does not include references (if necessary). The applicant must submit two letters of support. One of these letters must be from her/his immediate supervisor. The second letter must be from another physical therapist. The applicant must attach a current resume, curriculum vitae, or NIH Biosketch.

Applicants are required to use Ariel 12 point font with no less than ½ inch margins. References must be cited using AMA style. Tables and charts may use smaller font if necessary but must be legible.

All application materials must be submitted electronically and in PDF format. In some cases this means that some of the application materials will need to be scanned and then saved as a PDF file. When submitting the electronic application, the applicant must include in the subject line the following:

SOWH Travel Grant Award Application Materials – CSM [*Applicant Name, Date of Application Submission*].

All materials must be submitted to:

Secili DeStefano, P.T., D.P.T., O.C.S.
Director of Research
Section on Women's Health
research@womenshealthapta.org
W: (703) 230-1760

Contact the Director of Research if you have any questions about the application and/or process.

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**TRAVEL GRANT AWARD APPLICATION
Title Page Form**

Title of research project to be presented: _____

Applicant name & title: _____

Mailing Address: _____

E-mail: _____

Fax: _____

Telephone: _____

Name, title, institution of immediate supervisor or faculty advisor: _____

Signature of Approval of immediate supervisor or faculty advisor:

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Signature: _____ Date: _____