

2025 Society for Pediatric Sedation

Scholarly Grant Application

Due: February 14, 2025 (5:00 pm eastern)

Please submit completed application, saved as a PDF document, to Joye Stewart at joye@societyhq.com

FACE PAGE

Project Title:							
Name, Degree(s) and Title	of Principal Investigator	(PI):					
Pl's Institution & Departme	ent:						
PI's Email:			Tel:				
Name, Degree(s) and Title	of Mentor, if applicable:						
Mentor's Email:		Tel:					
Amount Requested (May n	ot exceed \$10,000:						
REGULATORY APPRO	VALS (if applicable)						
Human Subjects: Yes	No		Vertebrate Animals:	Yes	No		
Approval Date:		Pending	Approval Date:		Pending		
IRB H#:			IACUC Approval#:				
application is true, complet	te and accurate to the bes e project, to conduct the	st of my knowledge	e. If this proposal is fur	ided, I a	formation submitted within this agree to accept responsibility for a policies, and to provide progress		
Provide the electronic sign Confirm Signature	ature of the PI by typing	name in the shaded	d box and checking the	"Confi	rm Signature" box.		
Name:			Date:	vate:			
Mentor (if applicable): I agree to serve as the Mentor for this project and can devote sufficient time to help guide the PI in completing the project on time.							
Provide the electronic sign Confirm Signature	ature of the mentor by ty	ping name in the sl	haded box and checkin	g the "(Confirm Signature" box.		
Name: Date:							
					ject and support this application. ox and checking the "Confirm		
Name:		Email:			Date:		

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PROJECT SUMMARY/ABSTRACT: Provide a succinct and accurate description of the proposed work suitable for dissemination to

the public. Limit length to the space provided.					
	CO-INVESTIGATORS				
Name (Last, First)	Institution/Department Affiliation	Role on Project			
(=401, 1 1101)					

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PROJECT PLAN: See the application instructions for guidance on completing the following sections: Specific Aims, Background and Significance, Project Design and Methods, Anticipated Results, Alternate Strategies, and Next Steps. Limit length to the space provided (Continue on the next page, if necessary).

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PROJECT PLAN, Continued:					

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PROTECTION OF HUMAN SUBJECTS/ANIMALS
If applicable, summarize your plan to protect human subjects or animals according to the outline provided in the application instructions. It is highly recommended that your protocol is already submitted for IRB/IACUC approval prior to application being submit-
ted. Limit length to the space provided.

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BUDGET SUMMARY Please see the application guidelines for a list of allowable budget items. (No indirects allowed)							
Personnel		%		Dollar Amount Requested			
Name	Role on Project	Effort on Project	Inst. Base Salary				
	P.I.		Ineligible	Ineligible	Ineligible		
Subtotals —							
Consultant Costs – Not Eligible for Support							
Equipment:							
Supplies:							
Patient care cost:							
Travel expenses (for travel/lodging for PI to attend the SPS Conference to present study results; maximum \$500):							
Other expenses:							
SUBTOTAL:							
TOTAL COSTS REQUESTED (Not to exceed \$10,000):							

BUDGET JUSTIFICATION In the space below, briefly explain and justify the above costs, providing calculations to show how amounts were determined. Limit length to the space provided.

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SPECIAL APPENDIX - BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors. In separate documents, follow this format for each person. DO NOT EXCEED FIVE PAGES.

Na	Name						
Pos	Position Title						
Education/Training (Begin with baccalaureate or other initial professional education, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)							
	INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY			
A.	Personal Statement						
В.	Positions and Honors						
C.	Contributions to Science						
D.	Additional Information: Research Support and/or Schola	stic Performance					