



# 2025 Society for Pediatric Sedation Scholarly Grant Application

**Due: February 21, 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):

PI's Institution & Department:

PI's Email:

Tel:

Name, Degree(s) and Title of Mentor, if applicable:

Mentor's Email:

Tel:

Amount Requested (May not exceed \$10,000):

### REGULATORY APPROVALS (if applicable)

Human Subjects: Yes No

Vertebrate Animals: Yes No

Approval Date: Pending

Approval Date: Pending

IRB H#:

IACUC Approval#:

### CERTIFICATIONS

**Principal Investigator:** I certify that I am a member of the Society for Pediatric Sedation, and the information submitted within this application is true, complete and accurate to the best of my knowledge. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with all applicable research policies, and to provide progress reports in a timely manner.

Provide the electronic signature of the PI by typing name in the shaded box and checking the "Confirm Signature" box.

Confirm Signature

Name:

Date:

**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 signature of the mentor by typing name in the shaded box and checking the "Confirm Signature" box.

Confirm Signature

Name:

Date:

**PI's Section or Department Chief:** I acknowledge that the PI has sufficient time to complete this project and support this application.

Provide the electronic signature of the Residency Program Director by typing name in the shaded box and checking the "Confirm Signature" box.

Confirm Signature

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 |
|--------------------|------------------------------------|-----------------|
|                    |                                    |                 |
|                    |                                    |                 |
|                    |                                    |                 |
|                    |                                    |                 |

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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 submitted. Limit length to the space provided.

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| <b>BUDGET SUMMARY</b>   |                 |                   |                         |                  |                 |       |
|---|-----------------|-------------------|-------------------------|------------------|-----------------|-------|
| 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       | Salary Requested | Fringe Benefits | TOTAL |
|   | 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:   |                 |                   |                         |                  |                 |       |
| <b>TOTAL COSTS REQUESTED</b> (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.

**Name** \_\_\_\_\_

**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.)

| <b>INSTITUTION AND LOCATION</b> | <b>DEGREE<br/>(if applicable)</b> | <b>Completion Date<br/>MM/YYYY</b> | <b>FIELD OF STUDY</b> |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------|
|                                 |                                   |                                    |                       |

**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**