**2024 Medical Student Research Grants**

The National Kidney Foundation of Illinois (NKFI) improves the health and well-being of people at risk for or affected by kidney disease through prevention, education and empowerment. In keeping with NKFI’s mission, the Medical Student Research Grant program funds medical-student investigators who are participating in research projects that will increase the understanding of kidney, urologic and transplantation-related diseases, and improve the clinical management and treatment or cure of these diseases.

**Eligibility Requirements**

This grant is designed for medical students who meet the following requirements:

* Student must have completed at least one year of medical school and be continuously enrolled in medical school for the following year.
* Student must be conducting research project at an accredited institution in Illinois.
* Student must be mentored on research project by a primary investigator on the project.
* Student must work on research project at least 25 hours per week for a minimum of 8 weeks, between the dates of May 1 and September 1, 2024
* Research project must be aimed at increasing the understanding of kidney, urologic and transplantation-related diseases, and improve the clinical management and treatment or cure of these diseases.

**Deliverables Timeline**

Medical students seeking and receiving NKFI funds must meet certain deadlines to fulfill requirements of this grant. Applications are accepted on a rolling basis, and all applicants will receive a notification by April 15, 2024.

* **Completed Application and Letter of Recommendation Due:** April 1, 2024
* **Final Notification of Award:** April 15, 2024
* **Funds Disseminated:** May 1, 2024  
  *Institutional Review Board approval letter is required before any funds will be disseminated.*
* **Confirmation of Completion of Hours Due:** September 1, 2024  
  *Research Mentor must sign Completion Form. If the student hasn’t completed required number of hours, the student will be required to return all funds to the National Kidney Foundation of Illinois.*
* **Student’s Final Report Due**: September 8, 2024  
  *Final report must be completed by this date; otherwise, the student will be required to return all funds to the National Kidney Foundation of Illinois.*

**Reporting Requirements**

Students who receive funding through this grant program will be required to submit a report by September 8, 2024, to [research@nkfi.org](mailto:research@nkfi.org). This final report should be non-technical in nature and written for a lay audience. The report should not exceed 1,000 words, and should include:

* A brief overview of the research conducted
* Information on the student’s role in the research
* A brief overview of information the student gleaned from participating in the research
* Information about how participation in the research project added to the student’s interest in the subject matter

Secondarily, students who receive funding through this grant program must agree to attend the National Kidney Foundation of Illinois’ 2024 Citywide Grand Rounds program, being held September 19, 2024 at Maggiano’s Downtown. More information about the program will be provided by August 1, 2024.

**Directions**

As you prepare your application for funding from the National Kidney Foundation of Illinois, please read these instructions carefully.

Two separate components are required to apply for National Kidney Foundation of Illinois (NKFI) funding:

* Student application
* Recommendation letter from the research mentor/primary investigator

Your application will be evaluated by several members of the National Kidney Foundation of Illinois Research Committee. Unfortunately, NKFI staff and committee members are not available to provide feedback or suggestions for any application.

An emailed submission of your application is due to [research@nkfi.org](mailto:research@nkfi.org) by 5 p.m. on the day of the deadline.

**This is a grant for mentored research projects**. As such, the primary investigator on your research project must complete a letter of recommendation on university letterhead and email it to [research@nkfi.org](mailto:research@nkfi.org) by 5 p.m. on the day of the deadline. The recommendation letter should include a statement of commitment from the primary investigator to act in a mentorship role for the applicant.

Application materials submitted after the deadline will not be considered.

Only emailed submissions of applications, and only one submission per person, are accepted. Stipends offered are a maximum of $3,000, without possibility of increase over that amount. The $3,000 is to be considered a stipend for the student’s living and other expenses during the research**.** If the student does not complete the required number of hours, the student will be required to return all funds.

NOTE: If more than one student in a given faculty member’s research group is applying for NFKI funds to work on a closely related project, each student must complete his or her own application addressing both the project as a whole and their individual contribution to that work. If both students will be working on the same project, each application must make this clear and describe the individual applicant’s role in the project. You may not submit identical or near identical applications.

Applicants will be notified by email regarding the status of their applications. Notification for Student Research Grants will be sent by April 15, 2024. It is the responsibility of the applicant to notify his/her institution of any NKFI award.

**Applicant Information**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school where undergraduate degree was obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of undergraduate graduation: \_\_\_\_\_\_\_\_\_\_\_\_

Name of medical school in which student is currently enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Medical School (2023-2024 school year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date at medical school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Mentor/Primary Investigator’s Name and Post-Nominal Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Mentor/Primary Investigator’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked with this primary investigator before? Yes No

If yes, how long have you worked with the investigator? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what institution and in whose lab will you be performing your research? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been awarded or applied for other funding to support this specific research effort?

Yes No

Have you previously received NKFI funding for this or any other research project? Yes No

Please attach a CV here. *(Must be in PDF format.)*

**Project Information**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Description and Goals** – Provide a description of your research proposal. Include your project’s overall objectives as well as the specific goals you plan to achieve during your summer research project. *Character limit: 3,000.*

**Project Significance/Importance** – Explain in general terms why the information gained from this research project will be beneficial in the fields of nephrology, transplant or urology. What is the bigger picture of your research project? *Character limit: 1,200.*

**Methodology/Process** – Clearly state how you plan to accomplish the goals listed in your project description. Identify the specific steps necessary to perform your research. *Character limit: 3,000.*

**Timeline** – Provide a detailed timeline for completion of goals of your project. Include goals listed above. *Character limit: 1,800.*

**Background Experience** – List any previous research experience, applicable coursework or other relevant experience you may have. *Character limit: 2,000.*

**Bibliography** – List the sources you have consulted in preparation of this proposal, as well as any references you have cited within this application (if any). *Character limit: 2,500.*

**Biohazards/Human Subjects/Animal Subjects/Radiation**

Does this research include:

Biohazards Human subjects Animal subjects Radiation

If your research includes any of the above, please enter the protocol approval number here:

**Safety Training**

Some research environments require certain safety training courses. If you are unsure of the safety training required by your lab, please consult your faculty mentor/primary investigator. Please indicate which training(s) your lab requires.

Laboratory Safety Radiation Safety Laser Safety

X-Ray Safety Animal Safety Other Safety Training

If your lab requires any of the above trainings for you to perform the research proposed in this application, have you taken the required trainings? Yes No

**Assurance Statement**

NOTE: **This section is required for your application to be considered**. It must be signed by the medical student applying for funds.

I hereby certify: (1) that the information submitted within the application, and during the award period, is true, complete, and accurate to the best of my knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and (3) that I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or type name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix**

NOTE: This section is not required.

You may add 1 page of additional information only if you feel it is relevant to your application. Please be aware that you may not continue your answers from previous sections of this application in this section; if you do so, it will be removed from your application. Your answers to previous questions must fit within the limits of the boxes provided.

If you add an appendix, you MUST title it “[Last Name], [First Name] Appendix”. If your appendix is not labeled according to these directions, we cannot guarantee that it will be evaluated with your application.