

# Clinician Scientist Career Development Award Application Coversheet



## Applicant Information

Cycle/Year:  **Spring** \_\_\_\_\_  **Fall** \_\_\_\_\_

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

Department: \_\_\_\_\_  
For DOM applicants, please enter your division

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

Appointment Status:  **Faculty** \_\_\_\_\_  **Other** \_\_\_\_\_  
Title Anticipated faculty appointment date

Degree(s): \_\_\_\_\_

## Project Information

Start Date:  July 1 (*Spring Cycles*)  January 1 (*Fall Cycles*)

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

K Award/K-equivalent Award (*e.g. KO8, etc.*): \_\_\_\_\_

Date of K Award/K-equivalent Award Submission: \_\_\_\_\_

Have you submitted a CSA application before?  Yes \_\_\_\_\_  No  
When/What Cycle?

Application Type:  **New**  **Draft**  **Resubmission**  **Funded**

Amount Requested:  **\$80,000**  **\$40,000**

Mentor(s): \_\_\_\_\_

Collaborator(s) \_\_\_\_\_

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