

## ✓ APPLICATION CHECKLIST: Medical Student Research Award

All grant applications must include this completed and signed Application Checklist as the **first page of the research proposal PDF that is uploaded to the grant system**. Submissions received without a signed and completed Application Checklist will be considered incomplete and will be disqualified. **Check each box to indicate completeness or check the box marked N/A for items not applicable for your submission. All boxes on the checklist must be reviewed and marked accordingly. Please sign this document before submitting.**

### ☉ Eligibility – double check full criteria, listed in eligibility section, prior to applying

Your Mentor is an ACG member. Confirm they are an ACG member in good standing prior to applying and they must have an ACG member number. Please note that this is different than applying for membership—all new member applications must be submitted by September 19, 2025.

Your Mentor's ACG Member ID is \_\_\_\_\_.

You are a U.S. or Canadian Medical Student or Student of Osteopathy.

You are enrolled in the 1st, 2nd, or 3rd year of your program.

You have a Mentor who will oversee your project.

You are NOT a Fellow-in-training or an Established Investigator.

Your submission does NOT involve animal research.

The science for this award is NOT submitted for another ACG award category.

There will NOT be award overlap: ACG does not provide duplicate funding.

### ☉ Completion

You have created an account in the ACG grant system

([gi.org/research-awards](https://gi.org/research-awards))

You have a complete combined PDF, containing all necessary elements in the correct order, with this signed Application Checklist as the first page of the PDF to be uploaded to the grant system.

You have completed all necessary and relevant tasks required as part of the online grant system for this award application including Investigator information (ACG member number for the Responsible Mentor, email, role for project, institution, and address of the institution); a 350-word abstract of the proposed research; listing research topics; a list of any potential conflicts of interest for Mentor; indication of IRB approval status; re-submission status.

### ☉ Format of Submitted PDF

All pages must use 11 point font or larger with minimum ½" margins.

The upper right header of each page must include your name and the award type, in the following format:

Last name, First Name

Award Type

The upper left header of each page must include the page number.

The sections of the PDF are numbered to match the Required Order of Submission as indicated on the checklist, with bold headers for each required section, and the section starts on its own page.

### ☉ Required Order of Submission

**1. Application Checklist**—This checklist is complete, signed by the Medical Student and included as the first page of the submitted PDF.

☐ ☐ **2. Resubmission Response Letter**—If you are resubmitting this grant  
N/A proposal, a 1-page (maximum) letter is included that responds to the reviewer's critiques and outlines how you have updated the application. Do not include this item if not applicable.

☐ ☐ **3. Glossary of Terms** (Optional)—The use of abbreviations and  
N/A acronyms has been eliminated or minimized. A glossary of terms, if needed, has been added to assist reviewers and strengthen the submission.

**4. Research Proposal**—Your research proposal project description should be a maximum of 3 pages (excluding references). It should include the following sections at a minimum: Specific Aims, Background/Significance, Pilot Data/Previous Work (not required, include if Mentor has pertinent data to the project), and Research Plan.

**5. References**—Include a list of all necessary and relevant references as well as citations in the project description.

**6. Description of Research Environment**—describe the research environment, resources, equipment, and support and access to patients, samples, referrals, knowledge, or any collaborative arrangements which will support successful completion of this project. Limit to 1 page.

**7. Budget and Justification**—A budget table for the living costs as outlined by the award, with clear justification of all costs is included.

**8. IRB Status**—An IRB approval letter or indication that IRB approval is pending is included. Informed consent documents must be provided where appropriate, such as projects where patient costs are reimbursed or if studying an intervention that is not part of routine care. If selected to receive the award, funds will not be released until ACG receives a copy of IRB approval.

**9. Conflict of Interest Statement**—Include a COI statement of how you and/or your institution or practice are managing the conflict of interest or indicate that none exists.

**10. Mentorship Letter of Support**—Your Mentor must provide a 2-page letter that gives an overview of your career development plans and confirms that your Mentor is prepared to devote the necessary time and effort and will provide training and supervision.

**11. Biosketches**—A biosketch for the Mentor and anyone else who is necessary for the completion of the project is included, all in the NIH Format with a maximum of 5 pages each ([grants.nih.gov/grants/forms/biosketch.htm](https://grants.nih.gov/grants/forms/biosketch.htm)).

**12. Applicant Curriculum Vitae**—Applicant should include their current Curriculum Vitae (C.V.) or NIH Biosketch. (NIH format: [grants.nih.gov/grants/forms/biosketch.htm](https://grants.nih.gov/grants/forms/biosketch.htm))

☐ ☐ **13. Appendices** (Optional)—use only if needed for data collection  
N/A

I certify that I have reviewed the Application Checklist and that all portions of my application are accurate and in the required order and format.

\_\_\_\_\_  
Signature of Medical Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)