



# The Society of Neurological Surgeons/RUNN Resident Award for 2021

Deadline January 15, 2022

## APPLICATION FORM FOR ATTENDEES OF THE RUNN COURSE ONLY

Name \_\_\_\_\_

Office Address \_\_\_\_\_

Training Program \_\_\_\_\_ Current Year of Training PGY \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

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

1. Provide A brief summary of the **Proposed Research**, as follows
  - a) Pertinent background and rationale (0.5-1 page)
  - b) Hypothesis and objectives (0.5 page)
  - c) Outline of experiments planned (1.5-2 pages)
  - d) Budget (0.5-1 page). List only expenses of proposed research up to \$5,000 (**no travel, indirect costs, or salary permitted**). Award checks are issued to resident's program

**ATTACH ABOVE AS SEPARATE SHEETS** (do not exceed 4 sheets)

2. Dates of laboratory rotation for proposed research: \_\_\_\_\_
3. What is your clinical commitment during this period (I.e., clinic OR call coverage)? \_\_\_\_\_

**A written summary of the research accomplished will be required at the completion of the research period.**

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PROGRAM DIRECTOR NAME:** \_\_\_\_\_

I certify that the above individual is a resident in good standing in the neurosurgical training program at \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail an original signed copy of the application to:**  
Allan H. Friedman, M.D.  
Department of Neurosurgery  
Duke University Medical Center  
DUMC Box 3807, 200 Trent Drive  
Durham, NC 27710

**Please email a PDF file of the complete application to:**  
[fried010@mc.duke.edu](mailto:fried010@mc.duke.edu) and to  
Lisa O'Brien,  
[obrien@cns.org](mailto:obrien@cns.org)