

Clinical Research Seed Grants
PRELIMINARY GRANT APPLICATION

Research proposals should focus on South Texas and health needs of the Hispanic population.

Date of Application: _____

Principal Investigator: _____ Title: _____

Phone: _____ E-mail: _____

Texas A&M University Department/Driscoll Children's Hospital Medical Specialty Division:

Co-Investigator: _____ Title: _____

Texas A&M University Department/Driscoll Children's Hospital Medical Specialty Division:

Project Title: _____

Area(s) of Focus: _____

Brief Description (non-technical language in 75 words or less):

Impact Summary (50 words or less):

Project Start Date: _____ Budget: _____

Signatures Required for Submission (please sign and print)

Texas A&M Investigator (sign):

Texas A&M Investigator (print):

Texas A&M Department Head (sign):

Texas A&M Department Head (print):

Driscoll Children's Hospital Investigator (sign):

Driscoll Children's Hospital Investigator (print):

Driscoll Children's Hospital Designee (sign):

Driscoll Children's Hospital Designee (print):
