BioCryst HAE Fellowship Program

Application Form

Institution Information

Institution						
Address:					Phone:	
	Street addre	Street address		Unit #		
					Email:	
	City		State	Zip Code		
Is this an accredited institution?		Yes □	No 🗆			
Is your 3 rd year fellowship candidate a U.S. citizen?		Yes □	No 🗆			
If no, are they authorized to work in the U.S.?		Yes □	No 🗆			
Project Title:						
Start Date:		End Date:				
Estimated Project Budge	t:					

Payee Information

Please attach institution banking information and tax documentation as separate documents.

Authorized Signer from Institution (the Authorized Signer is the person who would need to sign the Letter of Agreement)

Full name:

Email:

Rules and Restrictions

By checking the boxes below, I certify my understanding of the following rules and restrictions:

Eligible applicants must be third-year fellowship candidates at an accredited, US-based academic institution.	Yes □
Program must include independent research focused on Hereditary Angioedema.	Yes 🗆
No aspect of the fellowship program can benefit BioCryst's business or a BioCryst asset.	Yes 🗆
Research involving the study and/or evaluation of any pharmaceutical product and basic science and/or fundamental research (in animal model, in-vitro, etc.) are not eligible for inclusion.	Yes □
Fellow time spent in the clinical setting that is supported through grant funds must not be billed as patient care.	Yes 🗆
Grant funding is available to support one fellow for up to a year at \$80,000 (can include salary and support of the fellow benefits). Grant funds cannot be used for overhead or indirect costs.	Yes 🗆

Proposal

In addition to the application form, please submit a project proposal. The proposal should be submitted in Microsoft Word or PDF. This document should be single-spaced using 12-point font and 1-inch margins and should not exceed 10-15 pages. The following elements should be included in your proposal:

Cover Page (not to exceed 1 page)	 Title: Please include the fellowship title, and main institutions. Abstract: Please include an abstract summary of your proposal including the goal of the fellowship, methods the institution uses to support the fellow's training and research, and assessment.
Overall Goals and Objectives	 Describe the overall goal of the fellowship. Describe the focus of research and/or clinical training as applicable that is being supported in general terms based on the categorizations listed in this application.
Methods	 Please describe the mentoring process. Include a description of the methods used to support the fellow and their research and/or clinical training.
Resources	 Please describe the institution's academic, clinical training, and research capacity. Describe the facilities/resources that are made available to the fellow. Provide a summary of relevant past work that is applicable.
Challenges	Please provide a summary of potential challenges and of plans for addressing those challenges.
Institutional Support	 Division Head/ Department Chair Letter of Support. Primary mentor; Secondary mentor (if applicable) Letter of Support.
Budget	 Budget: Address any additional sources of financial support for this proposal, including current and pending sources of funding. A detailed budget in Excel should also be attached (no page limit for Excel file).
Anticipated Project Timeline	• Provide an anticipated timeline for your project including project start/end dates.
Additional Information	• If there is any additional information you feel BioCryst should be aware of concerning the importance of this project, please summarize here.