**New York County Psychiatric Society**

**Medical Student Research Grant Application**

**Instructions:** Please email completed form to info@nycpsych.org with “Medical Student Research Grant Application” in the subject line.

**Eligibility:** Applicants must be medical students currently enrolled in an accredited medical school in Manhattan or Staten Island and pursuing psychiatric research.

**Requirements**: All approved projects will be required to turn in a final report upon completion. All projects lasting over 6 months will also be required to turn in a mid-point progress report. Funds are awarded on a rolling basis for the calendar year.

NYCPS Resident-Fellow Member and Medical Student Grants are to be issued directly to the individual grantee. All grant funds awarded are to be used exclusively for stated research purposes only. NYCPS prohibits institutional indirect costs or overhead to be taken out of grant monies.

**Name:**

**Address:**

**Email:**

**Phone Number:**

**University/Program:**

**Project Name:**

**Funds Requested (maximum of $2000): $**

**Total Project Cost: $**

**Start and End Date:**

**Proposal Summary (500 words or less):**

**Is this project part of a larger project? YES NO**

**If yes, please provide a brief explanation of the larger project (500 words or less):**

**Applicant Background (250 words or less):**

**Detailed Description of Project (3 pages or less):**

**Use of Funds (Budget):**

**Other Sources of Funding:**

**Timeline:**