CALL FOR ABSTRACTS

Abstracts Accepted Between
JANUARY 1, 2016
and
JANUARY 15, 2016

YOUNG INVESTIGATORS’ DAY

April 14, 2016 • 4:00 P.M.
Mountcastle Auditorium • Preclinical Teaching Building

ELIGIBILITY CRITERIA
The awards are intended to recognize research undertaken by applicants while registered as students or postdoctoral fellows at The Johns Hopkins University School of Medicine. Fellows from basic science departments and clinical departments in the School of Medicine, and house staff from the Johns Hopkins Hospital are eligible. Registered applicants who undertook research as part of special programs at affiliated institutions or at the National Institutes of Health are eligible, however details of their Hopkins status must be provided in the letter from their faculty sponsor. Student applicants who have graduated or left Hopkins prior to September 1, 2015 are not eligible. Postdoctoral applicants who have been promoted to faculty (Research Associate or above) or left Hopkins prior to September 1, 2015 are not eligible.

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<thead>
<tr>
<th>STUDENT AWARDS</th>
<th>CANDIDATES FOR DEGREES</th>
<th>POSTDOCTORAL AWARDS</th>
<th>RESEARCH FELLOW</th>
<th>CLINICAL FELLOW</th>
<th>JHH HOUSE STAFF</th>
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<tbody>
<tr>
<td>Michael Shanoff</td>
<td>Yes Yes Yes No</td>
<td>Alfred Blalock</td>
<td>Yes Yes Yes</td>
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<tr>
<td>D.J. Macht / M. &amp; C. Macht</td>
<td>Yes Yes Yes No</td>
<td>Paul Ehrlich</td>
<td>Yes Yes Yes</td>
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<tr>
<td>Mette Strand</td>
<td>No Yes No No</td>
<td>A. McGehee Harvey</td>
<td>Yes Yes Yes</td>
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<td>Alicia Showalter Reynolds</td>
<td>No Yes No No</td>
<td>Albert L. Lehninger</td>
<td>Yes Yes Yes</td>
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<td>Hans Joaquim Prochaska</td>
<td>Yes Yes Yes No</td>
<td>Daniel Nathans</td>
<td>Yes Yes Yes</td>
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<td>Paul Ehrlich</td>
<td>Yes Yes Yes</td>
<td>Helen B. Taussig</td>
<td>Yes Yes Yes</td>
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<tr>
<td>Nupur Dinesh Thekdi</td>
<td>Yes Yes Yes No</td>
<td>W. Barry Wood, Jr.</td>
<td>Yes Yes Yes</td>
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<td>Bae Gyo Jung</td>
<td>No Yes Yes No</td>
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<td>David T. Yue</td>
<td>No Yes Yes No</td>
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PROCEDURE FOR SELECTION OF AWARDEES
The applicant need not apply for a specific award. The faculty selection committee will consider all applications for all eligible prizes and will make awards in the best interest of each applicant.

REQUIREMENTS FOR SUBMISSION
These requirements replace any previous versions. Applications will ONLY be accepted via email from January 1 through January 15, 2016. Complete applications consisting of a completed coversheet and a SINGLE pdf or Word document containing the applicant’s CV, abstract and essay must be submitted electronically to YIDP@jhmi.edu. Applications must be received by 5:00 PM EST January 15, 2016 to be considered. Please email YIDP@jhmi.edu with any questions regarding Young Investigators’ Day.

Only one submission will be accepted per applicant. All applicants: Submit an electronic version of your application with the following components: coversheet document and a single file containing CV, abstract and essay. Arrange for your sponsor letter to be sent. (See #5. below).

1. The coversheet is available in pdf format under the IBBS News Watch heading at http://www.hopkinsmedicine.org/institute_basic_biomedical_sciences/
2. The applicant’s CV should list institutions attended, degrees or certifications earned, research presentations, and publications (names of all authors, title of report, and name of journal). List published abstracts similarly in a separate category.
3. The abstract should not exceed 250 words.
4. Essays, including figures but not references, must not exceed four single-spaced pages in 12 pt. Times font (approximately 1200 words). A maximum of two figures and their legends may be included as part of the essay. The essay should be in the form of a report for Science. The introductory paragraph should describe the context and importance of the work, with the entire document written in a fashion suitable for a broad scientific audience.
5. All submissions must be accompanied by a recommendation letter submitted directly by the faculty sponsor that critically evaluates the contribution and role of the applicant in the research. Evidence of the applicant’s originality and independence are of particular importance. The letter should include a percentile ranking of the applicant compared to others at similar stages in their academic careers. For applicants whose projects are collaborative and result in papers with multiple authors, recommendation letters should comment explicitly on the applicant’s individual contribution to the entire study. The applicant must arrange for this letter to be emailed to YIDP@jhmi.edu.

AWARD PRESENTATIONS
Selected Prize winners will each present a lecture or a poster on their research at Young Investigators’ Day ceremony and reception. All winners must be present at Young Investigators’ Day to receive an award. All research prizes carry an honorarium.
COVER SHEET FOR YOUNG INVESTIGATORS’ DAY AWARDS

Name (for publication): ________________________________

Home Address: ________________________________ Lab: ________________________________

Lab: ________________________________ ________________________________

Lab: ________________________________ ________________________________

Email Address: ________________________________

Home Phone: ________________________________ Lab Phone: ________________________________

Title of Essay (not more than 75 letters or spaces): ________________________________

Department or Laboratory at Johns Hopkins where work was carried out (note that eligible applicants must have their primary affiliation with the Johns Hopkins School of Medicine). Please give name of Research Supervisor if different from Faculty Sponsor:

__________________________________________________________

__________________________________________________________

Status: ___________________ Degree Candidate

____________________ Postdoctoral Fellow

If you are a student applicant: ___________________ Degree (s) pursued ____________ Expected year of graduation

__________________________________________________________

Name of Graduate Program (Masters and Ph.D. Students)

The Johns Hopkins University School of Medicine Faculty Sponsor who will submit Letter of Evaluation:

Name: ________________________________________________

Departmental Address: ________________________________________________

Home Phone Number: ________________________________

Email Address: ________________________________________________

REVISED 10/07/2010