**P1b COVER PAGE**

**VALLEY RESEARCH PARTNERSHIP COLLABORATIVE RESEARCH PROGRAM**

**Deadline: April 1, 2020**

*Submit complete proposal as a single searchable (not scanned) PDF electronically to* [*PBC-VRPGrants@email.arizona.edu*](mailto:PBC-AZ-VSRPGrants@email.arizona.edu)

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| --- | --- |
| **Title:** | |
|  | **3 Keywords Related to Project**  (e.g. cancer, EKG, kinase)**:** |

**Faculty Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Bernadine Sadauskas Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Faculty Mentor:**  *Last Name, First Name* | | |  |  | |
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|  |  | | | | |
| **Academic Title** | **Department** | | | |  |
|  |  |  | | | |
| **Address** | **Phone** | **E-mail** | | | |
| **Scholarly Project COM-P Medical Student:**  *Last Name, First Name*   |  |  |  | | --- | --- | --- | |  |  |  | | **Class Year** | **Phone** | **E-mail** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Director of Operations:** Sadauskas, Bernadine  *Last Name, First Name* | |  | | | | | | |  | | | | | | | | | Director of Operations, Research Office, University of Arizona College of Medicine - Phoenix | | | | | | | | | **Title** | | |  | | |  | | | (602) 827-2727 | bsadauskas@email.arizona.edu | | | | | | | | **Phone** | | |  | **E-mail** | | | | | **Performance Site:** | | | | | | | | |  | | |  | |  | | | **Address**  Resubmission:  Yes  No | | |  | **Phone** | | | | | | | | | |