



# ASAP Syringomyelia /Chiari Fellowship Award

## **Award Amount**

**\$10-20,000**

## **Purpose**

The ASAP Syringomyelia/Chiari Fellowship is meant to assist neurosurgeons in the clinical investigation or basic science research of syringomyelia, Chiari malformation and related disorders. The American Syringomyelia & Chiari Alliance Project, Inc. sponsors this fellowship award.

## **Eligibility**

The fellowship is open to all neurosurgical residents and fully trained neurosurgeons at any stage of their career in the United States. The fellow will spend 6 to 12 months under the direction of a specific sponsor in clinical, translational, or basic science investigation as relevant to syringomyelia, Chiari malformation and related disorders.

## **Eligible Expenses**

The amount of support will depend on the location and duration of the fellowship. Budget support of up to \$20,000 is available. Detailed budget justification and an account of expenses incurred following completion of the fellowship are required. Residents will not be paid extra salary support that is already covered by your clinical residency program. In addition to the budgeted expenses, the cost of meeting registration and travel (economy airfare reserved at least two weeks in advance) to the ASAP Chiari & Syringomyelia Conference in the year of the fellowship will be reimbursed.

## **Application Requirements**

- Cover letter
- Description of the proposed fellowship with education and/or research goals
- A personal statement detailing the reasons for pursuing the Fellowship and plans thereafter
- A detailed budget plan for the proposed fellowship expenses and salary justification costs
- Letter of support from designated mentor
- Letter of support from designated program
- Letter of support from the training program director, if applicable
- Current CV
- Two letters of support from neurosurgeons or other professional medical references familiar with the applicant and his/her goals and commitment
- Reprints of previous publications by the applicant pertinent to the application
- Headshot photograph

Complete the application requirements listed above and mail to:

Gerald Grant, MD, FACS  
Chair, ASAP Research committee  
PO Box 1586  
Longview TX 75606

Questions? Email: [gerald.grant@duke.edu](mailto:gerald.grant@duke.edu) – subject: ASAP fellowship

**American Syringomyelia & Chiari Alliance Project, Inc  
Application for Research and Fellowship Funding**

**Cover Sheet**

**Funding Applied For:**

Research Funding

Fellowship Funding

**Title of Proposal:**

**Application Information:**

Name:

Address:

Phone:

Fax:

Email:

**Current Status:**

Diplomat, American Board of Neurological Surgeons

Non-Fellow, Board Eligible, American Board of Neurological Surgeons

Fellow, Board Eligible, American Board of Neurological Surgeons

Neurosurgical Resident

**Applicant Signature:**

**Date:**