# The Ernest and Bonnie Beutler Research Program of Excellence in Genomic Medicine

# 2018 Application Form

## Instructions

1. Please complete this form and append your name to it (for example: Name\_Beutler\_application\_Form.docx). The entire form, after being completed, should not be more than 8 pages long.
Any research project applicable to human health will be considered.
2. Submit the form by email to n\_glebotzki@rambam.health.gov.il
3. Include your **short CV** (up to 10 pages) as an attachment to the email, along with this form.
4. This form must be received by **July 23, 2018**. Applications received after this date will not be considered.

For more information, please contact Netta Glebotzki at the above email address. You can also visit the [Research Program webpage](https://www.rambam.org.il/EnglishSite/Research/ResearchActivities/BeutlerResearch/Pages/default.aspx) for more information (<http://bit.ly/Beutler>).

**\***Required information (all pages)

## Applicant Information

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| **\*Name (Title, First, Last):** |       |
| **\*Birth Year:** |       |
| **\*Institution:** |       |
| **\*Position/Department** |       |
| **\*Contact Address:** |       |
| **\*Cell Phone:** |       | **Telephone:**       |
| **\*E-mail Address:** |       |
| **\*Citizenship (only Israeli citizens are eligible):** |       |
| **\*Country of Legal Residence:** |       |
| **\* Years of independent research experience** |       |
| **\*Research Proposal Title: (25 words)** |       |
| **\*Type of Research: (select one)** | [ ]  Basic [ ]  Pre-Clinical[ ]  Epidemiological [ ]  Clinical |
| **\*Date Application was submitted:** |       |

## \*Applicant’s Statements

By submitting this form, I hereby certify that:

* I am a citizen of Israel and currently living and working in Israel.
* This research will be conducted in Israel.
* This specific research has never been awarded a prize in Israel or overseas.
* This specific research proposal is submitted for the first time to the Ernest and Bonnie Beutler Research Program of Excellence in Genomic Medicine.

\***Academic Degrees**

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| **Name and Location** | **Date Attended** | **Degree** | **Date Awarded** |
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\***Professional and Academic Affiliations and Experience (last 10 years)**

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## \*Additional Professional Activities/Responsibilities

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| **Date** | **Position** | **Place and Location** |
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## \* Publications

*You can copy no more than TWO pages of publications (PubMed Format) into this form. These should be your most important publications, including recent research and research related to the above topic.*

**Go to the next page to begin pasting in your references**

**.**

## Research Proposal (2-4 pages)

Enter the requested information. Do not change the names of the headings. **The preferred length of your proposal is 2 pages; do not exceed four pages**.

### Abstract (no more than 150 words)

### Scientific Background and Preliminary Results

### Hypothesis and Specific Aims

### Experimental Plan

### References