About the Award

The Prevent Blindness Young Investigator Student Fellowship Awards for Female Scholars in Vision Research provides training support for future generations of outstanding female scientists committed to pursuing biomedical, behavioral or clinical research careers relevant to the mission of Prevent Blindness – to prevent blindness and preserve sight.

The Prevent Blindness Young Investigator Student Fellowship Awards for Female Scholars in Vision Research provides partial support to younger investigators, promoting the development of scientific skills that will lead to more substantial funding from other sources.

Founded in 1908, Prevent Blindness is the nation's leading volunteer eye health and safety organization dedicated to fighting blindness and saving sight. The Ohio Affiliate of Prevent Blindness (PBO) is Ohio’s leading volunteer nonprofit public health organization dedicated to preventing blindness and preserving sight. We serve all 88 Ohio counties, providing direct services to more than 1,000,000 Ohioans annually and educating millions of consumers about what they can do to protect and preserve their precious gift of sight.

Prevent Blindness will give preference to research fellowship applications which investigate public health issues related to the burden of eye-related health and safety topics and:

• Represent the interdisciplinary nature of research.

• Help translate research findings into improvements for health.

• Target the health problems of the nation’s growing underrepresented minority populations that are not receiving adequate attention.

Fellowship Awards

Fellowship awards are specifically restricted to provide a student stipend and/or to support needs specific to the funded research project. Grants are awarded for the summer session and commence on June 15th. Awards will range from $3000-$5000 depending upon the availability of funds. Preference will be given to applicants who have not received funding from this program previously.
Deadlines
The annual deadline for receipt of applications is February 15. All materials submitted through the application process are the property of Prevent Blindness and cannot be returned to you.

Notification and Acceptance
Persons who apply for grants are notified of an award in writing by April 15th. A signed letter of acceptance must be returned to Prevent Blindness prior to project initialization.

Payment
Full payment of the fellowship research award will be made to the University Research Foundation or the University Department on June 15th for payment to the student in the event of a stipend or released for use to cover project related expenses. No institution overhead charges are funded by the Prevent Blindness. Release of funds is contingent upon IRB/IACC Approval. (see below)

Human Research
All applications proposing to conduct research involving human subjects must indicate that approval was obtained from the Institutional Review Board (IRB) where the research is to be undertaken. Approval date and institution must be indicated on the application or provided prior to the release of funds.

Animal Research
Investigators using animals must adhere to the ARVO resolution on the use of animals in research (Investigative Ophthalmology & Visual Sciences 31:781, 1990). Approval date, institution and the approval number from the animal care and use committee at the institution must be included on the application or provided prior to the release of funds. For complete details, please refer to the Statement for the Use of Animals in Ophthalmic and Visual Research at www.arvo.org.

Final Report
A project report on the work conducted must be submitted within 60 days of the conclusion of the award period, but no later than October 31st. Also, a brief lay description of results and potential impact for eye disorders or research is required. A final expenditure report and refund of any unused portion of the award is required with the project report.

Manuscripts and Acknowledgments
All manuscripts, abstracts, reports and other publications resulting from Prevent Blindness support must acknowledge that the study was funded (in whole or in part) by a grant from Prevent Blindness, Ohio Affiliate. Manuscripts should be forwarded to Prevent Blindness, upon acceptance, with the name of the journal in which it will be printed.

Termination
If circumstances prevent completion of the grant, Prevent Blindness must be notified immediately. A report on the work conducted to the date of termination is required. Any unused portion of the grant must be returned with a final expenditure report.
**Investigator Qualifications**

Applicants must be post-baccalaureate students enrolled in either a Master’s or Doctorate program. Female citizens or permanent residents of the United States and conducting their fellowship project with a recognized academic institution in the State of Ohio.

**Support from other Sources**

Any source of funding that has already been secured must be declared to Prevent Blindness upon submission of the application. A list of all monies received and promised for the project must be listed on the application.

**Application**

Application and required materials must be e-mailed in one PDF document no later than February 15. Fellowship applications must be the original work of the applicant with verification of such by the student’s advisor on the application form. E-mail to lauras@pbohio.org

You will receive verification of receipt of your application within seven business days. Please contact Laura Schwartz, lauras@pbohio.org if you do not receive a response.

For more information, you may e-mail or call Laura Schwartz at 800.301.2020 ext. 112.

This program is financially assisted by The Sarah E. Slack Prevention of Blindness Fund Muskingum County Community Foundation, and the National Association of Chronic Disease Directors.

Prevent Blindness, Ohio Affiliate
1500 W. Third Ave., Suite 200
Columbus, Ohio 43212
www.pbohio.org
800-301-2020 /614-464-2020
614-481-9670 fax
YOUNG INVESTIGATOR STUDENT FELLOWSHIP AWARDS FOR FEMALE SCHOLARS IN VISION RESEARCH
APPLICATION

Project Title: _______________________________________________________________

___________________________________________________

S T U D E N T F E L L O W

Name: _____________________________________________________

___________________________________________________

Field of Study: ______________________________________________________________

Degree(s): ________________________________________________________________

Phone: ___________________________ Citizenship: __________________________

Institution: _________________________________________________________________

Department: ______________________________________________________________

Institution Address: __________________________________________________________

City:                                                    State:                                      Zip:

Permanent Address: __________________________________________________________

City:                                                    State:                                      Zip:

Phone:                                                    Email:

_____ I have applied for the Ohio Affiliate of Prevent Blindness Student Fellowship Award in the past.
_____ I have received the Ohio Affiliate of Prevent Blindness Student Fellowship Award in the past.

Student Fellow’s Assurance: I agree to accept responsibility for the scientific conduct of this project and to provide the required scientific and fiscal reports if fellowship is awarded.

Student Fellow Signature: __________________________ Date: ________________

Advisor’s Name: __________________________

E-Mail_________________________________ Phone: __________________________

Institution: __________________________________________________________

Department: __________________________________________________________

Mailing Address: ______________________________________________________

City: ______________ State: ___ Zip: ______________________________

Student Advisor’s Assurance: I verify that this application is the original work of the applicant and agree to accept responsibility for the scientific conduct of this project and to provide the required scientific and fiscal reports if fellowship is awarded.

Student Advisor Signature: __________________________ Date: ______________

Proposed Fellowship Research Project Narrative (not to exceed 6 pages).

Narrative should include:
1. Statement of need project is attempting to meet and evidence of that need and project’s relevance to Fellowship Award Areas of Focus
2. Project Description & Methodology including a timeline of goals to be accomplished by the applicant from June 15 through final report (October 31).
3. Total stipend and/or funding amount requested to support the needs of the research project and budget detail. (See budget format attached).
4. Expected Results
5. Evaluation
6. Future Plans for Continuing /Extending Project Research

Required Attachments:
1. Project Abstract (in lay terms), not to exceed one page
2. Student’s Curriculum Vitae
3. Signed Letter of Recommendation from Department Head
4. Written approval from Institutional Review Board if Human and/or Animal Studies are being conducted

This program is financially assisted by The Sarah E. Slack Prevention of Blindness Fund Muskingum County Community Foundation and the National Association of Chronic Disease Directors (NACDD).

Application and required materials must be e-mailed no later than February 15.

Revised December 2020
## BUDGET

### Budget Format for Young Investigator Student Fellowship

<table>
<thead>
<tr>
<th>Award for Female Scholars in Vision Research</th>
<th>Requested from</th>
<th>Funded by Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevent Blindness</td>
<td>Sources</td>
<td>Program</td>
</tr>
</tbody>
</table>

### Personnel

- Student Stipend
- Other Personnel Costs
- Other: List Below

<table>
<thead>
<tr>
<th>Personnel Total</th>
</tr>
</thead>
</table>

### Non Personnel

- Travel
- Supplies (list)
- Equipment (list)
- Client/Participant Incentives
- Other (List Below)

<table>
<thead>
<tr>
<th>Non Personnel Total</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Total Project Request</th>
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