TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
SON Seed Grant Application
21.015 – Attachment A

Name: _______________________________ Credentials: ____________________________________

Campus: _____________________________ Academic Rank: ________________________________

Track: _______________________________ Focus: ________________________________________

Other Key Personnel/Role: _______________ Campus: ______________________________________

Title of Proposal: ______________________________________________________________________

1. Attach your research proposal following the Clinical Research Institute Protocol Format Sample (http://www.ttuhsc.edu/clinicalresearch/).
2. Explain how this project, if funded, will contribute to your faculty goals.
3. How does this advance your program of research?
4. What is the dissemination plan?
5. Complete an NIH biosketch.