



2024 Pediatric Alopecia Areata Challenge Grant Application

Please complete this application form and include with other materials requested in the Pediatric Alopecia Areata Challenge Grant RFP, available here: <https://pedraresearch.org/pediatric-alopecia-areata-challenge-grant/>
All materials must be submitted to research@pedraresearch.org by September 19, 2024 to be considered.

Project Title:

IRB/REB Status:

Total Budget (USD):

Principal Investigator:

Name:

Credentials:

Institution:

Email:

Telephone:

Co-investigator:

Name:

Credentials:

Institution:

Email:

Telephone:

Co-investigator:

Name:

Credentials:

Institution:

Email:

Telephone:

Co-investigator:

Name:

Credentials:

Institution:

Email:

Telephone:

Co-investigator:

Name:

Credentials:

Institution:

Email:

Telephone:

Co-investigator:

Name:

Credentials:

Institution:

Email:

Telephone:

Attach additional pages as necessary to list any additional team members.

Grant Administrator Information

Name:

Email:

Telephone:

Payee Information

Name:

Email:

Telephone:

Address 1:

Address 2:

City:

State/Province:

Postal Code:

Abstract: *(Limit of 250 words)*

Layperson Summary: *(Limit of 150 words)*

Project Lead Demographic Information

PeDRA and NAAF are committed to supporting equity, diversity, and inclusion (EDI) across all facets of their organizations, programs, and research. Please answer the following **optional** questions to help ensure we have complete data to achieve this goal. De-identified aggregate data are for administrative purposes only and may be used to support PeDRA and/or NAAF's EDI initiatives. No identifiable information that you provide will be shared with peer-reviewers or elsewhere without your consent.

What race(s) do you self-identify as? (Check all that apply.)

American Indian or Alaska Native

Asian

Black or African-American

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

White

Other:

Prefer not to answer

What is your ethnicity?

Please provide additional information about your Hispanic or Latinx ethnicity.

Hispanic or Latinx

Mexican

Not Hispanic or Latinx

Puerto Rican

Prefer not to answer

Cuban

Other:

Please specify your gender:

Female

Male

Non-binary

Prefer not to answer