

**APTA SECTION ON WOMEN'S HEALTH  
ELAINE MEADOWS RESEARCH SCHOLAR AWARD PROCEDURES**

**Purpose:** The American Physical Therapy Association's (APTA) Section on Women's Health (SoWH) Elaine Meadows Research Scholar Award is designed to defray the costs of travel to attend the APTA Combined Sections Meeting (CSM), disseminate research findings, and foster national networking of research colleagues.

**Award**

Two (2), \$1000 travel awards are available for eligible applicants for 2017 CSM-related expenses. Expenses may include registration, travel, lodging, and meals.

**Eligibility Criteria:** To be considered for this award, applicants must:

- 1) Be a member of the SOWH.
- 2) Be a presenter of an abstract accepted by the SOWH for poster and/or platform presentation at CSM.
- 3) Be the lead and/or presenting author.

**Review Procedures:** Only applications submitted by e-mail to the SOWH Director of Research will be considered for evaluation. Applications must be submitted as a **single PDF** consisting of a cover letter, title page form, accepted abstract, letter of support, and resume/CV/biosketch.

Criteria for evaluation include the following:

- A cover letter that includes 1) justification of need for a travel scholarship and 2) relevance of the accepted abstract to the mission of the SoWH. The cover letter is limited to 2 pages (not including references if applicable).
- A copy of the abstract accepted for presentation at the CSM.
- Letter of support from the applicant's immediate supervisor
- A current resume, curriculum vitae or NIH Biosketch.
- Correct Completion of Title Page Form (included at the end of this document).

**Expectations and Reporting:** Recipients are expected to attend SOWH programming at CSM, provide documentation of attendance through a detailed report of the activities (programming, networking, other activities) attended at the CSM within 30 days of the close of CSM. ***Recipients are also required to submit a manuscript based on their abstract to the Journal of Women's Health Physical Therapy within one year of the award.***

**Application Submission and Deadline:** Receipt of the application is due to the SOWH Director of Research and SOWH Executive Director on **November 15, 2016**. The applicant may request "return receipt" as notification of receipt will not automatically be issued upon receipt.

**Award Notification:** The award will be announced approximately 60 days prior to CSM.

**General Information:** Once awarded, travel plans, hotel reservations and conference registration will be the responsibility of the awardee. The SOWH Director of Research or SOWH Executive Director will provide a copy of the SOWH reimbursement form to the awardee. The awardee is responsible for submitting the expense report and detailed report of all activities while at CSM within 30 days of the close of CSM to the Director of Research and the SOWH Executive Director. The awardee is responsible for submitting a manuscript to the journal within one year of CSM.

**APTA SECTION ON WOMEN'S HEALTH  
ELAINE MEADOWS RESEARCH SCHOLAR AWARD PROCEDURES**

Applicants are required to use Arial 12 point font with no less than ½ inch margins. References (if applicable) must be cited using AMA style. Tables and charts may use smaller font if necessary but must be legible.

All application materials must be submitted electronically. When submitting the electronic application, the applicant must include in the subject line the following:

SOWH Travel Grant Award Application. [*Applicant Name, Date of Application Submission*].

All materials must be submitted to:

Meryl Alappattu, PT, DPT, PhD  
Director of Research  
Section on Women's Health  
Email: [research@womenshealthapta.org](mailto:research@womenshealthapta.org)

Contact the Director of Research if you have any questions about the application and/or process.

**APTA SECTION ON WOMEN'S HEALTH  
ELAINE MEADOWS RESEARCH SCHOLAR AWARD PROCEDURES**

**TRAVEL AWARD APPLICATION  
Title Page Form**

**Title of research project to be presented:** \_\_\_\_\_

\_\_\_\_\_

**Applicant name & title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Name, title, institution of immediate supervisor or faculty advisor:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Approval of immediate supervisor or faculty advisor:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_