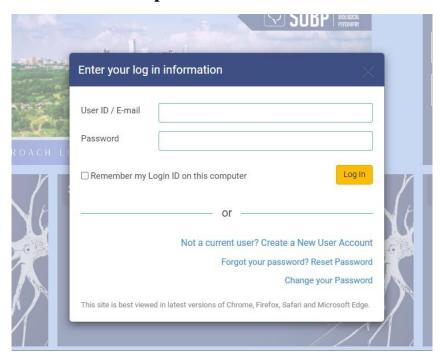
SOBP Annual Meeting Travel Fellowship Awards Submission Site User Guide

Visit: http://sobp.societyconference.com



Log-in to your SOBP member account. If you do not know your password, please click "Forgot your Password? Reset Password" and a new password will be emailed.





Click on the "Submissions" card then click

"Access Submissions Dashboard"



Scroll to the bottom of the page and Select

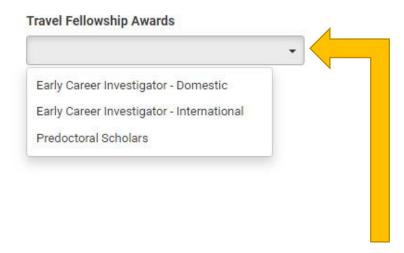
"Submit Travel Fellowship Awards"



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Visit http://sobp.societyconference.com

Select the award type.



For the Domestic Award Guidelines click here.

For International Award Guidelines click here.

For Predoctoral Scholar Guidelines click <u>here</u>.

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Complete the Domestic Award Application.

1)	Attestation *
Y	Please read the eligibility requirements and attest you qualify for the Early Career Investigator Domestic award
	I attest that I have read the eligibility requirements and qualify to receive a fellowship.
	Scientific Interest *
2	Select the most appropriate area of scientific interest.
	Basic Research
	Clinical Research Translational Research
3	Last Degree Awarded * Enter the last degree you have been awarded.
4	Year Degree Awarded * Enter the year your last degree was awarded.
5	Awarding Institution Name *
\bigcup	Enter the awarding institution below.
6	Year Residency or Fellowship Completed *
\vee	Enter the year of residency or fellowship completed.
7	Career Timeline *
\bigcup	Choose the timeline which describes where you currently are in your career.
	 Early (1-5 years post terminal research degree or medical residency) Advanced (6-10 years post terminal research degree or medical residency)
8	Current Position * Choose the position which describes where you currently are in your career.
	Postdoctoral Fellow
	Resident PGY1
	Resident PGY2 Resident PGY3
	Resident PGY4 Instructor
	Assistant Professor Other
	Other N/A
	Grants *
9	Do you have other grants or funding available to support your travel to the SOBP meeting?
	Yes
	○ No
	From the information listed on your CV/Biosketch
10	Grants *
	How many research grants have you secured?
11	Publications * How many publications are you listed as the first author in peer-reviewed journals?
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11	How many publications are you listed as the first author in peer-reviewed journals?
11	
	How many publications are you listed as the first author in peer-reviewed journals? Honors and Awards *
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	How many publications are you listed as the first author in peer-reviewed journals? Honors and Awards *
	How many publications are you listed as the first author in peer-reviewed journals? Honors and Awards * How many honors and awards have you received? Sponsor Information Sponsor *
12	How many publications are you listed as the first author in peer-reviewed journals? Honors and Awards * How many honors and awards have you received? Sponsor Information
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12	How many publications are you listed as the first author in peer-reviewed journals? Honors and Awards * How many honors and awards have you received? Sponsor Information Sponsor * Please search for your sponsor by typing their name or email in the below box. Q Search for person Cannot find the person? Add a new record. Sponsor Phone *
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basis when the applicant provides a compelling reason for prolonged trajectory toward start of scientific career.

Please upload a single PDF file explaining why you are requesting a waiver to the 10 year rule.

Upload

max file size: 8 MB

Applicants should be within ten (10) years of completing their terminal research degree or within ten years of completing their medical residency at the time of application. Exceptions will be considered on a case-by-case

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Complete the International Award application.

	areer Investigator - International Questions
1	Attestation *
Ÿ	Please read the eligibility requirements and attest you qualify for the Early Career Investigator Domestic award
	I attest that I have read the eligibility requirements and qualify to receive a fellowship.
	Scientific Interest *
2	Select the most appropriate area of scientific interest.
	Basic Research
	Clinical Research Translational Research
3	Last Degree Awarded * Enter the last degree you have been awarded.
4	Year Degree Awarded *
Ť	Enter the year your last degree was awarded.
5	Awarding Institution Name *
	Enter the awarding institution below.
6	Year Residency or Fellowship Completed *
Ĭ	Enter the year of residency or fellowship completed.
7	Career Timeline * Choose the timeline which describes where you currently are in your career.
	Early (1-5 years post terminal research degree or medical residency)
	Advanced (6-10 years post terminal research degree or medical residency)
8	Current Position *
Ť	Choose the position which describes where you currently are in your career.
	Postdoctoral Fellow Resident PGY1
	Resident PGY2
	Resident PGY3 Resident PGY4
	Instructor
	Assistant Professor Other
	○ N/A
9)	Grants * Do you have other grants or funding available to support your travel to the SOBP meeting?
	Yes
	○ No
	From the information listed on your CV/Biosketch
10	Grants *
\bigcup	How many research grants have you secured?
11	Publications * How many publications are you listed as the first author in neer-reviewed journals?
11)	Publications * How many publications are you listed as the first author in peer-reviewed journals?
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Please upload a single PDF file explaining why you are requesting a waiver to the 10 year rule.

Upload

max file size: 8 MB

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Complete the Predoctoral Scholar Award Application.

Predocto	oral Scholars Questions	
1	Attestation *	
\mathcal{L}	Please read the eligibility requirements and attest you qualify for the Early Career Investigator Predoctoral Scholar award.	
	I attest that I have read the eligibility requirements and qualify to receive a fellowship.	
2	Scientific Interest * Select the most appropriate area of scientific interest	
	Basic Research	
	Clinical Research	
	Translational Research	
3	Last Degree Awarded *	
\mathcal{L}	Enter the last degree you have been awarded	
4	Year Degree Awarded *	
\mathcal{L}	Enter the year your last degree was awarded	
5	Awarding Institution *	
	Enter the awarding institution below.	
6	Awarding Institution Address * Please enter the address of your awarding institution.	
7	Program * Current program in which you are enrolled.	
	○ MD	
	○ MD PhD	
	PsyD, PharmDOther	
8	Grants • Do you have other grants or funding available to support your travel to the SOBP meeting?	
	○ Yes	
	○ No	
	From the information listed on your CV/Biosketch	
9	Grants *	
	How many research grants have you secured?	
10	Publications *	
	How many publications are you listed as the first author in peer-reviewed journals?	
11)	Honors and Awards *	
	How many honors and awards have you received?	
	Sponsor Information	
12	Sponsor *	
	Please search for your sponsor by typing their name or email in the below box.	
	Search for person	
	Cannot find the person? Add a new record.	
13	Sponsor Phone *	
	Enter your sponsor's phone number in the box below.	
	<u>Uploads</u>	
14	Career Statement (PDF) *	
	Please upload your personal career statement with your name in the top-right corner	
	max file size: 8 MB	
15	Letter of support (PDF) * Please upload a letter of support from a faculty member	
	Upload Upload	
	max file size: 8 MB	
	Academic Standing (PDF) *	
16	Academic Standing (PDF) * Please upload a letter confirming good academic standing	
	Upload	
	max file size: 8 MB	
17	Biosketch or CV (PDF) *	
	Please upload a 5-page NIH biosketch or short CV not to exceed 6 pages	

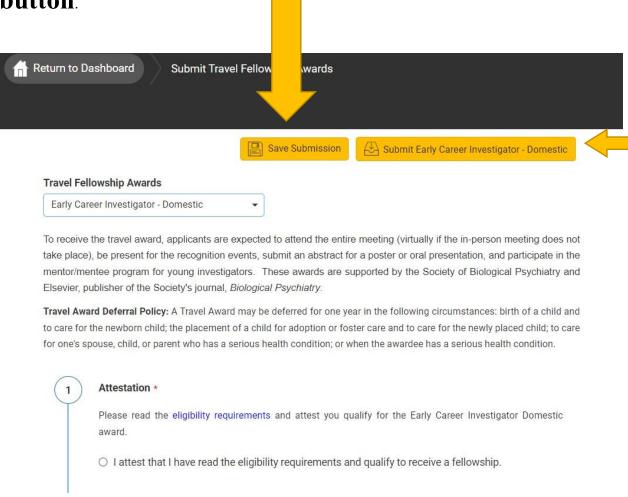
Upload 🚹

max file size: 8 MB

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Visit http://sobp.societyconference.com

If you would like to save your application and continue at a later date click the, "Save Submission" button.



If you would like to submit your application for review click the, "Submit (Award Type)" button.