

**Retired Army Medical Specialist Corps Association  
(RAMSCA)  
ENDOWMENT FOR SCHOLARLY ACTIVITY**

At the RAMSCA general meeting in 2001, a fund was established to support clinical research and/or special projects undertaken by active duty, USAR, and retired or former Specialist Corps (SP) officers. The total amount available to be awarded for 2003 is \$1600. Applications will be accepted for funding in the range of \$200 to \$1600. The recipients will be announced at the 2003 RAMSCA Biennial Meeting in Branson, Missouri in April 2003.

The RAMSCA Scholarship Review Committee will assess the applications using the following criteria:

1. Quality of the narrative description of the project or activity
2. Potential for successful completion of the project or activity
3. Potential for contribution to the medical profession
4. Potential for publication
5. Availability of other sources of funding

A complete application for this funding will consist of the following items:

- Application Cover Sheet
- Curriculum Vitae
- Project or activity narrative description. (The narrative should explain this project's potential for completion, discuss how and why it will contribute to the medical profession, outline possible avenues for publication, and list other sources of funding that are being sought or that have been acquired.)
- Timeline
- Copy of Research Proposal (if applicable)
- Copy of Institutional Review Board approval (if applicable)
- Letter of Recommendation

The cover sheet, CV, narrative description, timeline, proposal, and IRB information should be sent by the applicant to the committee POC, COL (Ret) Mary E. Lucas, 707 Sweetbrush, San Antonio, TX 78258. E-mail submission of documents may be made to [maryelucas@aol.com](mailto:maryelucas@aol.com). The letter of recommendation should be sent directly from the individual writing it to the POC. Deadline for the submission of applications is **15 March 2003**.

# RAMSCA ENDOWMENT FOR SCHOLARLY ACTIVITY

## APPLICATION COVER SHEET

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

RANK: \_\_\_\_\_

SSN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TYPE OF ACTIVITY (select the one which best describes your activity):

- Clinical Research
- Continuing Education
- Special Project
- Publication
- Other

AMOUNT OF FUNDING REQUESTED (range = \$200 to \$1600) \_\_\_\_\_

**DEADLINE FOR SUBMISSION: 15 March 2003**