



The American Association of Immunologists  
Intersect Fellowship for Computational Scientists and  
Immunologists Application Instructions  
Deadline: September 1, 2021

### Application Assembly

The application should be assembled in the following order:

1. Applicant Information Page
2. Research Plan
3. PI Statement
4. Justification Statement
5. Other Lab Members PI Oversees
6. Trainee Statement
7. Funding Confirmation Form (FCF)
8. PI Biosketch (NIH format)
9. Trainee CV or Biosketch
10. Letter of Intent from Collaborating PI
11. FCF from Collaborating PI
12. Collaborating PI Biosketch (NIH Format)

### Applicant Information Section

1. Fill in each field with complete information. All fields must be completed and both the trainee and PI must sign in the indicated fields.
2. For the “Total Funding in U.S. Dollars” field, please fill in the total amount of funding calculated from the completed Funding Confirmation Form (page 11). See instructions for filling out this form below (page 3).

### Trainee Information Section

1. Fill in each field with complete information. If two trainees are applying, each trainee should complete the Trainee Information Section, and they should each submit their CV or biosketch as part of the application.
2. “Degree Date” field: Fill in the date the Ph.D. degree was conferred.

### Research Plan Section

1. Please type your Research Plan, PI Statement, Justification Statement, and Trainee Statement in the fields provided in the application.
2. The Research Plan can be no longer than 2 pages.
3. The first page of the Research Plan should contain a summary of the overarching goals of the PI’s research for presentation to a multidisciplinary group of scientists (suggested length, 1-2 paragraphs; no more than half-page).
4. The remainder of the Research Plan should outline the trainee’s specific project in the following format:
  - I. Project Title
  - II. Background/Significance (suggested length 1-2 paragraphs)
  - III. Specific Aim(s)
  - IV. Specific Aim 1 description/proposed experiments
    - a. Sub-aims (if applicable)
  - V. Specific Aim 2 description/proposed experiments (if applicable)
5. The Research Plan cannot contain figures and additional pages with figures may not be attached.
6. A third page is provided for any references.

### PI Statement Section

1. The PI Statement can be no longer than 1 page and should follow the same formatting guidelines outlined in point 1 of the **Research Plan Section** instructions.
2. The PI Statement should summarize the merits, accomplishments, and potential of the trainee/s.

### **Justification Statement Section**

1. The Justification Statement can be no longer than a half-page and should follow the same formatting guidelines outlined in point 1 of the **Research Plan Section** instructions.
2. The Justification Statement should outline specifically how the fellowship will benefit both labs or a current research initiative. The Justification Statement should also include a statement on how the fellowship will benefit the trainee/s.

### **Trainee Statement Section**

1. The Trainee Statement can be no longer than 1 page and should follow the same formatting guidelines outlined in point 1 of the Research Plan Section instructions. If two trainees are applying, each trainee should complete the Trainee Statement Section.
2. The Trainee Statement should detail the circumstances that led the trainee to a career in science, his/her most significant accomplishments, and his/her career aspirations.
3. The Trainee Statement should also describe how receiving the award will help the trainee's career (suggested length, 1 paragraph).
4. The Trainee Statement should **not** include a detailed description of past or present research projects.

### **Collaborating PI Section**

1. The Letter of Intent from the Collaborating PI should be attached to the last page of the application.
2. The letter should specifically outline the details of the partnership, expectations for training the fellow, and learning objectives.
3. The FCF from Collaborating PI (page 12) should provide accurate funding information for the research portfolio of the collaborating PI. See instructions on page 3.
4. The Collaborating PI should create an account or login at <https://account.aai.org/login.htm> to complete the Collaborator Information Form.

### **Submission**

Please delete the first three pages (Application Instructions and Funding Confirmation Form Instructions) before the **Applicant/Trainee Information Page** prior to submitting your application. Please submit award application by logging into your AAI member account at <https://account.aai.org/login.htm> and choosing "Apply for Intersect Fellowship" in the "Member Benefits" menu. **The Collaborating PI should create an account or login at <https://account.aai.org/login.htm> to complete the Collaborator Information Form.** All documents should be uploaded as a single combined PDF file with a file name of less than 25 characters. Please be aware that the single, combined PDF must be no larger than 20MB. Packages that are not complete will not be considered.

For questions about program eligibility or the application, please contact [fellowships@aaai.org](mailto:fellowships@aaai.org).

**Applications will be accepted beginning June 1, 2021. Complete application packages must be received by 11:59 PM E.T. on September 1, 2021. Incomplete application packages or applications that do not comply with the stated instructions will not be considered. AAI will not accept materials sent separately, through regular mail, or by email. Final award decisions are made at the discretion of AAI.**



# The American Association of Immunologists Funding Confirmation Form Instructions

The Funding Confirmation Form (FCF) is intended to provide AAI with accurate documentation of your research funding portfolio for the indicated fiscal year. This information is used to determine your financial eligibility for several AAI programs. Please review the following instructions before you fill out the FCF to ensure that you provide correct and complete funding information. **Any application submitted with an incomplete FCF will not be considered for award.**

A filled-in sample of the “**Research Support**” portion of the FCF has been provided below for your reference:

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-PI)	Direct costs for 1/1/21-12/31/21 (in U.S. \$)
<i>Ex 1:</i> R01 AI160-09	NIAID/NIH	9/5/17-8/31/41	PI	\$93,108
<i>Ex 2:</i> 156478913	NSF	2/5/18-5/8/21	Co-PI	\$8,034
<i>Ex 3:</i> 14PAI16114	Amer. Heart Assoc.	No-cost ext.	PI	\$42,548
<i>Ex 4:</i> Start-up Funds	University of XYZ	Unlimited	PI	\$82,548
<i>Ex 5:</i> 14SIC184	McIver’s Cancer Trust	8/1/18-7/31/21	PI	\$0 (PI salary only)
<i>Ex 6:</i> Careers in Immunol Fellowship	AAI	9/1/20-8/31/21	Fellow	\$19,100
<b>Total</b>				<b>\$245,338</b>

## Instructions:

- Under “Grant type/number,” please list the names or numbers of all mechanisms of support individually, including federal, state or private grants; departmental support; start-up funds; and other support. You must also list grants on which you are a co-investigator and grants that are under no-cost extension. Please list both funding mechanisms that have allocations for direct costs (see *Ex 1-4, 6* in the above sample) and those that do not provide money for direct costs (see *Ex 5* in the above sample).
- Under “Funding organization,” write the name of the funding body that provided you with each funding mechanism. The names of well-known organizations, including government institutions and large non-profits may be abbreviated (see *Ex 1-3*), but please write out the names of less well-known funding bodies (see *Ex 5*).
- Under “Funding period,” please write the total duration of the award from the start date to the end date using the format MM/DD/YY–MM/DD/YY (see *Ex 1-6*).
- Under “Role,” please indicate your designated title for each funding mechanism. Common roles include PI, co-PI, mentor, coordinator, or adviser.
- Under “Direct costs for 1/1/21-12/31/21” please indicate the amount of money allocated for direct costs from each funding mechanism in 2019, beginning 1/1/21 and ending 12/31/21. Please list all grants for 1/1/21-12/31/21, even if “0” dollars in funding remain.
  - For grants operating under no-cost extension, please specify the amount of funds remaining.
  - For grants on which you are a co-PI, please indicate only the amount of funds that are allocated for your specific research use. Do not provide the total amount of funds allocated to the group.
  - Please exclude funds dedicated to PI salary** (see *Ex 5*) for each funding mechanism listed.
  - Grants which provide salary support for laboratory personnel, including AAI Careers in Immunology Fellowships (see *Ex 6*), should be included.
- The FCF form must be signed by the department chair or dean to certify that the applicant’s funding status is accurate. If you are the department chair or dean, you must have your supervisor sign the form.



# The American Association of Immunologists

## Intersect Fellowship Application

(This form must be completed in its entirety, signed,  
and submitted with other requested materials.)

*Please type responses.*

### APPLICANT (PI) INFORMATION

Last Name		First Name or Initial		Middle Name or Initial		Title/ Position	
Institution				Department			
Street Address							
City			State			Country	
Zip Code		Phone		Fax		Email	
AAI Member ID			Total Funding in U.S. Dollars (from Funding Confirmation Form)				
Signature						Date	

### TRAINEE INFORMATION

Last Name		First Name or Initial		Middle Name or Initial		Title/ Position	
Institution				Department			
Street Address							
City			State			Country	
Zip Code		Phone		Fax		Email	
AAI Member ID (if applicable)			Degree			Degree Date	
Signature						Date	

### PARTNER LAB PI INFORMATION

Last Name		First Name or Initial		Middle Name or Initial		Title/ Position	
Institution				Department			
Street Address				City, State, Zip			
Phone		Email				AAI Member ID (if applicable)	

**A. Research Plan** (*2 page maximum; see page 1 for formatting requirements*):

## A. Research Plan (cont....)

**A. Research Plan – References (if applicable)**

**B. PI Statement** (*1 page maximum; see page 2 for formatting requirements*):





**E. Trainee Statement** (*1 page maximum; see page 2 for formatting requirements*):



# The American Association of Immunologists Funding Confirmation Form

(This form must be completed in its entirety and signed by the  
Department Chair or Dean.)

*Please type responses.*

AAI Member ID: \_\_\_\_\_

Full Name/Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Research Support:** Please list all mechanisms of support individually including federal, state or private grants; departmental support; start-up funds; and other support (excluding PI salary). **Attach a second sheet if needed.** If a grant is under a no-cost extension, specify the amount of funding which remains. For grants on which you are a co-investigator, list only the funds allocated for your use. If you have no funding, please state “none”.

Information for each column must be filled out completely for each mechanism of research support in order for your application to be considered.

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-I)	Direct costs for 1/1/21-12/31/21 (in U.S. Dollars)
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\_\_\_\_\_

**Total**

### Department Chair/Dean Certification of Applicant's Funding Status

I hereby certify that the applicant is a faculty member engaged in full-time research and the information provided on this form is correct and complete.

\_\_\_\_\_  
*Print Name of Department Chair/Dean*

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

AAI Member Number: \_\_\_\_\_ (If applicable)

Email Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

**Applications missing complete information on research funding support will not be considered.**



# The American Association of Immunologists Funding Confirmation Form from Collaborating PI

(This form must be completed in its entirety and signed by the  
Department Chair or Dean.)

*Please type responses.*

AAI Member ID: \_\_\_\_\_

Full Name/Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Research Support:** Please list all mechanisms of support individually including federal, state or private grants; departmental support; start-up funds; and other support (excluding PI salary). **Attach a second sheet if needed.** If a grant is under a no-cost extension, specify the amount of funding which remains. For grants on which you are a co-investigator, list only the funds allocated for your use. If you have no funding, please state “none”.

Information for each column must be filled out completely for each mechanism of research support in order for your application to be considered.

Grant type/number	Funding organization	Funding period	Role (e.g., PI, co-I)	Direct costs for 1/1/21-12/31/21 (in U.S. Dollars)
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\_\_\_\_\_

**Total**

### Department Chair/Dean Certification of Applicant's Funding Status

I hereby certify that the applicant is a faculty member engaged in full-time research and the information provided on this form is correct and complete.

\_\_\_\_\_  
*Print Name of Department Chair/Dean*

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

AAI Member Number: \_\_\_\_\_ (If applicable)

Email Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

**Applications missing complete information on research funding support will not be considered.**