**Early-Stage Pediatric Neurology Investigator Travel Award Pilot Program**

**Call for Applications - 2025**

**Program Overview**

The Pediatric Epilepsy Research Foundation® (PERF®) recognizes the critical importance of scientific exchange and professional development for the next generation of pediatric neurology researchers. In response to the current financial constraints facing academic medical institutions, PERF is pleased to announce our **Early-Stage Investigator Travel Award Program** for 2025. This pilot award program is designed to allow early-stage investigators an opportunity to present their work at scientific meetings.

**Award Details**

* **Award Amount**: Up to $2,500 per recipient
* **Number of Awards**: Multiple awards available
* **Eligible Conferences**:
	+ Child Neurology Society (CNS) Annual Meeting 2025
	+ American Epilepsy Society (AES) Annual Meeting 2025

Award recipients will reimbursed after submitting receipts for eligible expenses to PERF. Expense reports/receipts must be received within 5 business days of the conclusion of the meeting. Facilities & administration fees are not permitted.

**Eligibility Criteria**

**Applicant must meet all of the following requirements:**

* Meet NIH definition of Early-Stage Investigator (ESI)\*
* Be an instructor or assistant professor at a USA or Canadian academic medical center
* Conduct, and be presenting, research in child neurology
* Have an accepted abstract for presentation at CNS 2025 or AES 2025
* Demonstrate financial need due to institutional travel funding limitations

*\*NIH ESI Definition: A Principal Investigator who has completed their terminal research degree or end of post-graduate clinical training, whichever date is later, within the past 10 years and who has not previously competed successfully as PI for a substantial NIH independent research award.*

**Application Deadline:**

Applications for travel to the CNS Annual Meeting must be submitted by *July 16, 2025 at 5:00 PM CDT*.

Applications for travel to the AES Annual Meeting must be submitted by *September 10, 2025 at 5:00 PM CDT*.

*Applications received after these deadlines will not be considered.*

**Award Notification:** Recipients will be notified via email before the early-bird registration deadline.

**SUBMISSION INSTRUCTIONS**

**Submit completed applications via email to:** PERF2004@gmail.com

**Email Subject Line:** PERF Travel Award Application - [Your Last Name]

**Include in email:**

* Completed application form (PDF format preferred)
* All required supporting documents
* Contact information for any questions

**Selection Criteria**

Applications will be evaluated based on:

* Demonstrated financial need
* Research quality and relevance to pediatric neurology
* Career stage and potential impact

**Questions?**

For questions about the application process, please contact:

**Email:** PERF2004@gmail.com

**APPLICATION FORM**

**Section 1: Applicant Information**

|  |  |  |
| --- | --- | --- |
| **Section 1** | **Applicant Information:** | **PERF Use Only** |
| **Full Name with postnominal degree(s)** |  |  |
| **Title/Position** |  |  |
| **Institution/Department** |  |  |
| **Complete Mailing Address** |  |  |
| **Applicant Email Address** |  |  |
| **Applicant Cell Phone** |  |  |
| **ORCID ID (if applicable)** |  |  |

**Section 2: Early-Stage Investigator Status**

|  |  |  |
| --- | --- | --- |
| **SECTION 2** | **ESI STATUS** | **PERF Use Only** |
| **Date of Terminal Research Degree**  | **(MM/DD/YYYY)** |  |
| **Type of Degree** | **[ ] MD [ ] PhD [ ] MD/PhD [ ] Other:** |  |
| **Date of Completion of Post-Graduate Clinical Training** | **(MM/DD/YYYY)** |  |
| **Current Academic Rank** | **[ ] Instructor [ ] Asst. Professor [ ] Other:** |  |
| **Have you previously served as PI on a substantial *independent* NIH or CIHR research award (R01, R21, etc.)?** | **[ ] No****[ ] Yes****If yes, please explain:** |  |

**Section 3: Conference and Abstract Information**

**Conference** (select only one):

[ ] 2025 Child Neurology Society Annual Meeting

[ ] 2025 American Epilepsy Society Annual Meeting

**Abstract Title:**

**Authors** (**bold and underline** the applicant’s name in the author list; travel award eligibility is limited to first author or senior (last) author applicants who meet all other criteria)**:**

**Presentation Type:** [ ] Oral Presentation\* [ ] Poster Presentation

\*Clearly indicate whether the applicant is the presenting authors for the oral/platform presentation.

**Abstract Number (if available):**

**Section 4: Financial Need Statement**

**Please describe your current financial situation regarding conference travel (maximum 200 words). Briefly address the following:**

* Current institutional travel funding policy (and/or limitations)
* Other funding sources explored or applied for
* Estimated total conference costs (registration, travel, accommodation)
* Amount of institutional funds available for travel

**Estimated Conference Expenses** (registration, airfare, ground transportation, and hotel only)

|  |  |  |
| --- | --- | --- |
|  | **Estimated Expense** | **PERF Use Only** |
| **Conference Registration (Max rate: Early-bird registration fee)** | **$** |  |
| **Airfare (Max rate: economy coach fare)** | **$** |  |
| **Transporation (Airport to Hotel and Return)** | **$** |  |
| **Hotel Accomodations** | **$** |  |
| **TOTAL Estimated Cost** | **$** |  |
|  | **AVAILABLE FUNDING** |  |
| **Institutional Support** | **$** |  |
| **Other Sources** | **$** **Specify:** |  |
| **Total Available** | **$** |  |
| **FUNDING GAP** | **$** |  |

**Section 5: Impact Statement**

**How will receiving this travel award impact your career development and research? (maximum 250 words)**

**Section 6: Required Documentation**

Please attach the following documents with your application:

☐ **Copy of accepted abstract**

☐ **Copy of official notification of abstract acceptance**

☐ **Letter of support from Department Chair or Division Chief** **(1 page maximum) confirming:**

* Early Stage Investigator (ESI) status
* Current institutional travel funding limitations
* Impact of the travel award on the applicant’s career development

**Section 7: Certification and Signature**

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements may result in disqualification from consideration for this award.

**Applicant Signature:**

**Date:**

**Print Name:**

*The Pediatric Epilepsy Research Foundation® is committed to supporting the next generation of researchers dedicated to improving outcomes for children with epilepsy.*