

**Urology Care Foundation  
2025 Medical Student Fellowship Research Scholar Award  
PROPOSAL AGREEMENT FORM**

This form must be completed in its entirety and uploaded into ProposalCentral for the proposal to be accepted and reviewed. Submitting a fully executed Proposal Agreement Form at the application deadline (**March 10, 2025 5:00 p.m. Eastern time**) is required. Please type all responses except where signatures are requested.

**Applicant Section**

I am applying for a Urology Care Foundation Medical Student Fellowship to support a research project that is:

\_\_\_\_\_ months in duration and anticipated to take place from

\_\_\_\_\_ (MM/DD/YYYY) to \_\_\_\_\_ (MM/DD/YYYY).

I certify that the statements and information included in my proposal and on this form are true and complete to the best of my knowledge. I understand that payment of the stipend will be made directly to me and that the Urology Care Foundation does not withhold taxes from the award (i.e., federal withholding, social security, local taxes). The Urology Care Foundation will provide an IRS 1099 form, if applicable, and I will be responsible for filing any and all taxes. If selected for a Urology Care Foundation Medical Student Fellowship, I agree to complete my research project according to the guidelines as described in the Program Announcement, including:

- 1) Detailing and abiding the percent effort toward the proposed research project at all intervals of the project timeline. I understand the expectation is to maintain high percent effort toward the proposed project where possible (e.g., during semester breaks, etc.), justifying any instance(s) where it is not possible, and allocating reasonable percent effort toward the project when full time focus is not tenable.
- 2) Conducting the proposed research between July 1, 2025 and June 30, 2026.
- 3) Acknowledging the Urology Care Foundation and corresponding sponsor in any publications and/or presentations arising from work supported by the fellowship.
- 4) Completion and timely submission of satisfactory reports (including from mentors and/or institutions) on the conduct and completion of my research project.
- 5) Immediately notifying the AUA Office of Research in writing of any receipt of additional funding during the project period, change in project status, or change in personnel involved in the project before or during the award performance period.
- 6) Attending all activities required by the AUA, its Urology Care Foundation, and sponsoring organization if applicable.
- 7) Having an active AUA membership during the award period.

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Applicant Signature

Name

Date

## Mentor Section

I certify that the information included in this agreement form and the above-mentioned candidate's proposal is complete and true to the best of my knowledge. I agree to provide all necessary support for the duration of the award and abide the reporting requirements detailed in the Program Announcement. I further attest that any funds needed to complete the project beyond those provided by the award are available through my or my institution's funding, and commit to provide any additional laboratory, departmental, and/or institutional resources needed to support the proposed project. I understand that the intention of this program is for medical students' development, and that they have proposed a project within a timeframe where they can maintain high percent effort toward the majority of the proposed project where possible (e.g., during semester breaks, etc.). I attest the referenced project includes all intervals where percent effort allocation change is anticipated, a corresponding justification explaining the percent effort change is included, and that a reasonable percent effort toward the project has been proposed when full time focus is not tenable. If the above referenced student is selected as a Urology Care Foundation Medical Student Fellow, I will fulfill all mentor reporting requirements described in the 2025 Program Announcement. **All mentors listed on the project must sign.**

Primary Mentor Signature	Name	Date
Mentor 2 Signature	Name	Date
Mentor 3 Signature	Name	Date
Mentor 4 Signature	Name	Date

**To be completed by the primary mentor only:** Please describe your involvement in the development of this proposal, and how you plan to ensure the awardee is allocating the indicated percent effort throughout the project.

## Sponsoring Institution Section

The Department Chair or Division Chief of the project primary mentor at the host institution may serve as the signing representative.

I agree to provide all necessary support for the duration of the fellowship and to abide any institutional requirements as described in the 2025 Medical Student Fellowship Program Announcement. I further attest that any funds needed to complete the proposed project, beyond those provided by this award or other resources, are available through the department or institution. **I understand and agree that Medical Student Fellowship Award funds WILL NOT be used for indirect costs, salary support, or costs for or related to any personnel other than the student.** The institution recognizes that the Urology Care Foundation does not withhold taxes from the award (federal withholding, social security, local taxes, etc.), and that the institution and/or awardee are responsible for ensuring that appropriate federal and local taxes are accounted for.

Host Institution: \_\_\_\_\_

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Institutional Representative Signature

Name

Date

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

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

Phone: \_\_\_\_\_