

**Urology Care Foundation  
2025 Boston Scientific Medical Student Innovation Fellowship  
PROPOSAL AGREEMENT FORM**

This form must be completed in its entirety and uploaded into ProposalCentral for the proposal to be accepted and reviewed. **The proposal deadline is March 10, 2025 at 5:00 p.m. Eastern time.** Please type all responses except where signatures are requested.

**Applicant Section**

I am applying for a Boston Scientific Medical Student Innovation Fellowship for 12 months of support with 100% percent protected research time.

I certify that the statements and information included in my proposal and on this Proposal Agreement Form are true and complete to the best of my knowledge. If selected for a fellowship, I agree to complete my research project according to the guidelines described in the 2025 Boston Scientific Medical Student Innovation Fellowship Program Announcement and will fulfill all reporting responsibilities therein, including the following:

- 1) Immediately notifying the AUA Office of Research at [grantsmanager@auanet.org](mailto:grantsmanager@auanet.org) if I receive alternative funding, or no longer intend to receive or continue the Boston Scientific Medical Student Innovation Fellowship.
- 2) Maintaining the appropriate percent of protected research time for the duration the Boston Scientific Medical Student Innovation Fellowship.
- 3) Acknowledging the Urology Care Foundation and the sponsor in any publication arising from work supported by the Boston Scientific Medical Student Innovation Fellowship.
- 4) Reporting any changes to the proposed project to the AUA Office of Research at [grantsmanager@auanet.org](mailto:grantsmanager@auanet.org), including any mailing or email address changes, receipt of additional funding, change in project status, or change in mentor and/or personnel involved in the project before or during the award period.
- 5) Attending all activities required by the AUA, its Urology Care Foundation, and sponsoring organization if applicable, including but not li:
  - a. Attending a site visit at a mutually agreed-upon date and time as organized by the award sponsor;
  - b. Attending educational activities as organized by the award sponsor.
- 6) Having an active AUA membership during the award period and fulfilling any other applicable membership requirements.
- 7) Completing all interim and final institution, awardee, and mentor reporting requirements.

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Applicant Signature

Name

Date



**Sponsoring Institution Section**

On behalf of the above individuals' proposal and the institution listed below, I agree to fulfill all institutional and financial accountability reporting requirements described in the 2025 Boston Scientific Medical Student Innovation Fellowship Program Announcement. **I attest that we will provide the required 100% matching funds for the fellowship, and that fellowship funds WILL NOT be used for indirect costs or salary support, or costs for or related to any personnel other than the awardee.** 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.

Research Project Institution: \_\_\_\_\_

Institutional Representative Signature	Name	Date
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Position Title: \_\_\_\_\_

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

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