

# THE STETLER FUND

The Pearl M. Stetler Research Fund for Women Physicians Founded in Memory of Cornelius and Margaret Stetler is a trust established by the terms of the will of Dr. Pearl M. Stetler, a native of Wisconsin who practiced surgery in Chicago for almost fifty years. It honors the memory of her parents, Margaret and Cornelius Stetler. After Dr. Stetler graduated from the Johns Hopkins Medical School in 1913, she wanted to engage in research, but found that suitable opportunities were not available to her. Instead, she entered the practice of surgery at Mary Thompson Hospital in Chicago. Her estate, "the result of economizing with small earnings" is left entirely to the trust to support research training of female physicians. The Northern Trust Company in Chicago is Trustee.

## RESEARCH FELLOWSHIP

Awards are \$65,000 for a designated year of research in a postgraduate program. Usually this is the third or fourth year of fellowship. Renewal for a second year of funding requires reapplication and is evaluated with new applications. \$1,000 is provided for supplies and equipment.

### Purpose

Full time support for original research.

### Eligibility

Women who were born in the United States and have graduated from a United States Medical School may apply. Awards are made without regard to age or ethnicity.

### Location of Work

Under the terms of the Trust, the research must be performed at one of the following medical schools:

University of Illinois College of Medicine at Chicago  
The Johns Hopkins University School of Medicine  
The University of Wisconsin Medical School

### Dates

Deadline for receipt of the application is January 15<sup>th</sup>  
Date of award notification is on or before March 2<sup>nd</sup>

### Limitations

Teaching and other educational activities must not exceed two hours per week. At least 80% of the fellow's total time must be devoted to research. A letter from the applicant's Division Chief to this effect is requested with the application. The Stetler Research Fund prohibits other grants supporting salary during the time the Stetler Grant is active.

Applicant name: \_\_\_\_\_

## The Pearl M. Stetler Research Fund

### Fellowship Application

(Please return original and email a pdf copy per application)

1. Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Proposed starting date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Title of proposed research:

---

---

4. Name: \_\_\_\_\_  
Last First Initial

5. Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Place of birth: \_\_\_\_\_

7. Citizenship: \_\_\_\_\_

8. Address

Work: \_\_\_\_\_ Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Home

10. Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

11. E-mail address: \_\_\_\_\_

12. Institute where research is to be performed: \_\_\_\_\_

13. Current professional appointment and activities: \_\_\_\_\_

---

Applicant name: \_\_\_\_\_

14. Education, Professional Training and Research Experience:

Date	Institution and Location	Degree	Field
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Honors:

16. Previous research support:

17. Current and pending research support:

18. Publications (if provided in CV as attachment, check here \_\_\_\_)

19. Name of Preceptor: \_\_\_\_\_ Rank: \_\_\_\_\_

Applicant name: \_\_\_\_\_

20. Recommendations: List the names of three (3) individuals who can be contacted concerning your qualifications as they relate to the proposed research. Please have two (2) recommendations forwarded at the time of application.

Name	Address	Phone#	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

21. Briefly describe your future career plans (short term and long term). Limit to 400 words or less.

22. Please describe your proposed research project (provide attachment to application; limit 5 pages not including references).

Include Specific Aims, Background, Significance, Preliminary Results (if available), Experimental Design, Methods, and Analytical Approach. You may include applications to other organizations (e.g., NRSA), publications etc. as an appendix.

Applicant name: \_\_\_\_\_

23. A copy of your birth certificate and a letter from your Division Head agreeing to full time research must accompany the application. Teaching and other educational activities must not exceed two hours per week and at least 80% of the fellow's total time must be devoted to research.

24. Submit application by January 15<sup>th</sup>:

Applications should be submitted as a single PDF which includes the completed application form, research plan (5 pages not including references), letter from the Division Head, copy of birth certificate, and optional appendices (eg. CV, NRSA, other completed grant applications). The two letters of recommendation can be included in the PDF or submitted separately as PDF documents. Please submit these by email to [mmccor16@jhmi.edu](mailto:mmccor16@jhmi.edu) and copy [gukwuom1@jhmi.edu](mailto:gukwuom1@jhmi.edu).

25. Funding decisions are on or before March 2<sup>nd</sup>.

26. Johns Hopkins University, University of Illinois College of Medicine and University of Wisconsin Medical School applicants may address questions to:

Meredith C. McCormack, MD MHS  
Associate Professor of Medicine  
Medical Director, Pulmonary Function Laboratory  
Pulmonary and Critical Care Medicine  
1830 East Monument Street, 5<sup>th</sup> Floor Baltimore, MD  
Phone: 410-502-2806  
Fax: 410-955-0036  
E-mail: [mmccor16@jhmi.edu](mailto:mmccor16@jhmi.edu)

Claudia Hernandez, M.D.  
Associate Professor of Dermatology  
University of Illinois at Chicago  
808 S. Wood Street, MC624  
Chicago, IL 60612  
Phone: 312-996-6966  
Fax: 312-996-1188  
E-mail: [claudiah@uic.edu](mailto:claudiah@uic.edu)

Dawn Belt Davis, MD, PhD  
Assistant Professor of Medicine  
Division of Endocrinology, Diabetes, and Metabolism  
4147 MFCB, MC5148  
1685 Highland Avenue  
Madison, WI 53705  
Phone: 608-263-2443  
Fax: 608-263-9983  
Email: [dbd@medicine.wisc.edu](mailto:dbd@medicine.wisc.edu)