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| This document is provided to potential applicants for informational purposes only and should not be submitted as an application for the 2025 SLEEP Travel Grant for Sleep Technologists and Advanced Practice Providers. Applications will only be accepted through the [AASM Foundation Grant Online Portal.](https://www.grantinterface.com/Home/Logon?urlkey=aasmf) Please refer to the [AASM Foundation Application User Guide](https://foundation.aasm.org/wp-content/uploads/sites/2/2024/06/AASM-Foundation-Application-User-Guide.pdf) for guidance on setting up an account. |

**2025 SLEEP Travel Grant for Sleep Technologists and Advanced Practice Providers**

The AASM Foundation invests in people, research, and communities to improve the sleep health of all people. Our core values include creating inclusive and collaborative opportunities, such as the SLEEP Travel Grant for Sleep Technologists and Advanced Practice Providers.

The SLEEP Travel Grant for Sleep Technologists and Advanced Practice Providers supports first-time attendance at the SLEEP meeting for non-physician members of the sleep team, such as sleep technologists and advanced practice providers. As part of our dedication to fostering opportunities to engage with others within the sleep community, grant recipients will also be able to participate in a special networking activity at SLEEP 2025.

This AASM Foundation SLEEP Travel Grant for Sleep Technologists and Advanced Practice Providers is funded in part by a generous individual.

Applicants must meet the following eligibility criteria:

**Eligibility**

* Individuals who are registered sleep technologists (or eligible to sit for the registry examination), advanced practice registered nurses, or physician assistants.

**Ineligibility**

* Current AASM and AASM Foundation Board of Directors members are not eligible to apply.
* Individuals who are outside of the United States.

**Applications are due on December 23, 2024 by 11:59 pm ET and recipient decisions will be made no later than March 28, 2025.**

We encourage potential applicants to view our [Frequently Asked Questions](https://foundation.aasm.org/award-programs/faq/) and contact us early in the application process with questions. Eligibility questions may need to be reviewed by a member of the AASM Foundation Executive Committee, so please allow for at least a 1-week response time for eligibility questions. For all other inquiries, please allow a minimum of two business days for a response. Please note that questions received within 48 hours of the letter of intent deadline may not be answered before the deadline.

*Please note this application CANNOT be modified once submitted. Please review your work carefully prior to submitting. Once submitted, it will be reviewed by staff for completeness. The AASM Foundation reserves the right to make the appropriate determination for incomplete applications.*

**Applicant Information**

*Enter the corresponding information for the applicant.*

**First Name\***

**Last Name\***

**Degree/Credentials\***

**Preferred Pronouns**

**Email\***

**Institution\***

**Are you a sleep technologist or an advanced practice provider?\***

* Sleep Technologist
* Advanced Practice Provider
* Other

**If you selected “Other”, please specify:**

**Is this your first time attending the SLEEP meeting?\***

* Yes
* No

**Have you completed ASTEP?\***

* Yes, but not certified
* Yes, and certified
* No

**Describe the patient population you typically work with and the practice setting:**

**The response to the following question will not be used for eligibility or funding decision purposes, but is being gathered to improve AASM Foundation communications related to this program: How did you hear about this grant opportunity?\***

* AASM Education Webinars
* AASM Foundation Focus Newsletter
* AASM Foundation Programs and Opportunities Email
* AASM Foundation website
* AASM Montage
* AASM Sleep Insider
* AASM SmartBrief
* American Academy of Dental Sleep Medicine
* American Academy of Pediatrics
* American Thoracic Society
* CHEST Foundation
* Friend/colleague/mentor
* Hypersomnia Foundation
* Institutional Grant Administrator
* Journal of Clinical Sleep Medicine
* Journal of the American Medical Association
* National Sleep Research Resource Newsletter
* R25 Program
* Sleep Medicine Fellowship Directors and Coordinators Newsletter
* SLEEP Meeting
* Sleep Research Society Newsletter
* Sleep T32 Program
* Other AASM Emails
* Other AASM Foundation Emails
* Other

If you selected “Other”, please specify:

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| **Curriculum vitae (CV), Biosketch or Resume** |

Please provide a curriculum vitae (CV), biosketch or resume for the applicant.

Formatting Requirements:

* Limited to 2 pages
* Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches
* PDF required

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| **Personal Statement** |

Provide a personal statement that answers the following:

1. Discuss your professional goals over the next five years and how you plan to remain engaged in the field of sleep medicine.
2. Describe how attending the SLEEP meeting will help fill gaps in your knowledge, skills and/or abilities. How do you plan to integrate the knowledge gained into your day-to-day work?
3. Explain why receiving this travel grant is important to you and how it will make attending the SLEEP meeting possible. Please include any financial considerations or barriers you face.

Formatting Requirements:

* 350 words maximum for each question
* PDF required

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of the grant application. Applicant responses are not used in the decision-making process and will not be provided to reviewers.

If you do not wish to disclose information for any or all of the following questions, please select "Prefer Not To Respond".

**How will the information be used?**
• The data collected will be used to help us understand the diversity of applicants and to inform the development of targeted equity and diversity efforts in the sleep field.
• The information provided may be shared publicly as part of aggregated data on the combined pool of AASM Foundation applicants and grant recipients.
**Will my individual responses be kept confidential?**
• Your individual responses will not be shared with grant reviewers or be used by AASM Foundation leadership to make funding decisions.
• AASM Foundation staff and leadership agree to maintain confidentiality of all application information. The information provided may be shared publicly as part of aggregated data on the combined pool of AASM Foundation applicants and grant recipients. The AASM Foundation will take the utmost measures to ensure confidentiality and security of the information provided.

1. **Age (select one)**
* 20-24 years
* 25-29 years
* 30-34 years
* 35-39 years
* 40-44 years
* 45-49 years
* 50-54 years
* 55-59 years
* 60-64 years
* 65-69 years
* 70-74 years
* 75-79 years
* 80-84 years
* 85 years and over
* Prefer not to respond

1. **Race and Ethnicity (check all that apply)**
* Black/African American/African
* Asian/Asian American/Pacific Islander
* White/Caucasian/European
* Latino/Latina/Latinx/Hispanic
* Native American/American Indian/Indigenous
* Other
* Don’t Know
* Prefer not to respond

**Other (Race and Ethnicity):**

1. **Gender Identity (select one)**
* Female
* Male
* Non-binary
* Transgender
* Agender/Gender-Neutral
* Don’t Know
* Prefer not to respond

**Other (Gender Identity):**

1. **Disability (select one)**
* Person with a disability
* Person without a disability
* Don’t Know
* Prefer not to respond