

ZOLL Foundation Grants 2026 (Round March 31, 2026) ✕

PROGRAM DEADLINE: March 31, 2026 at 11:59 PM(Midnight)

ZOLL Foundation Grant

Welcome

Welcome to the ZOLL Foundation grant application process. Please refer to our application guidelines [HERE](http://www.zollfoundation.org/apply.html). (<http://www.zollfoundation.org/apply.html>) Please refrain from using all upper case/capital letters in your application unless absolutely necessary, such as acronyms [e.g., Cardiac Arrest Trial (CAT)] or shortened titles (e.g., MD or DO).

Please continue to use the log-in information you created to enter this application, namely user name and password, each time you return, in order to avoid having multiple applications associated with your name. The name of the applicant must be the same as the Young Principal Investigator (YPI) for the proposed project. To ensure you qualify as a YPI, please read our definition [HERE](https://www.zollfoundation.org/definition-of-a-young-investigator/) (<https://www.zollfoundation.org/definition-of-a-young-investigator/>). You will be asked to confirm your qualification with your signature below.

Please note that starting in 2026, an applicant is allowed to submit only one application in any given round, either with a March 31 or September 30 deadline.

Applications must be submitted through this portal; they are never accepted via email. Please note that applications submitted after 11:59 p.m. Eastern (New York) deadline time (i.e., March 31 or September 30) will not be accepted. Please aim to submit your application a day or two before the deadline to ensure there are no issues.

You may email your questions to sschumacher@zollfoundation.org (<mailto:foundation@zollfoundation.org>).

Application Form

First Name: *

Last Name: *

Title(s) [Include your designation(s) such as MD or PhD]: *

Current Position: *

Institution or Agency Affiliation: *

Address: *

Address - Line 2:

City: *

State (Province)...Optional; only if applicable:

Zip or Country Code *

Country *

Email: *

Telephone: *

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Source of Information

From whom and/or from where did you learn about the ZOLL Foundation? For example, was it from a colleague or mentor? Was it from the website, through literature, at a professional meeting such as ReSS, or other?

Prior or Future Funding for Application

Has the applicant or his/her associates received prior funding from the ZOLL Foundation? Please answer yes or no. *

- Yes
 No

If yes, when and what was the size of the awarded grant? Was the grant for the same, similar or different research to that in this application? Please briefly describe similarities or differences.

Has the applicant or his/her associates submitted this application or portions of this application elsewhere, either in the past or currently? Answer yes or no. *

- Yes
 No

If yes, please list these applications.

Has the applicant or his/her associates received funding that would support any portion of the scope of work in this application? Answer yes or no. *

- Yes
- No

If yes, please list these supports including the source and amount. Please also describe how funding from the ZOLL Foundation would support additional effort that would not have been undertaken with the existing funding.

Has the applicant and/or their associates or institution been funded for research similar to that being proposed? *

- Yes
- No

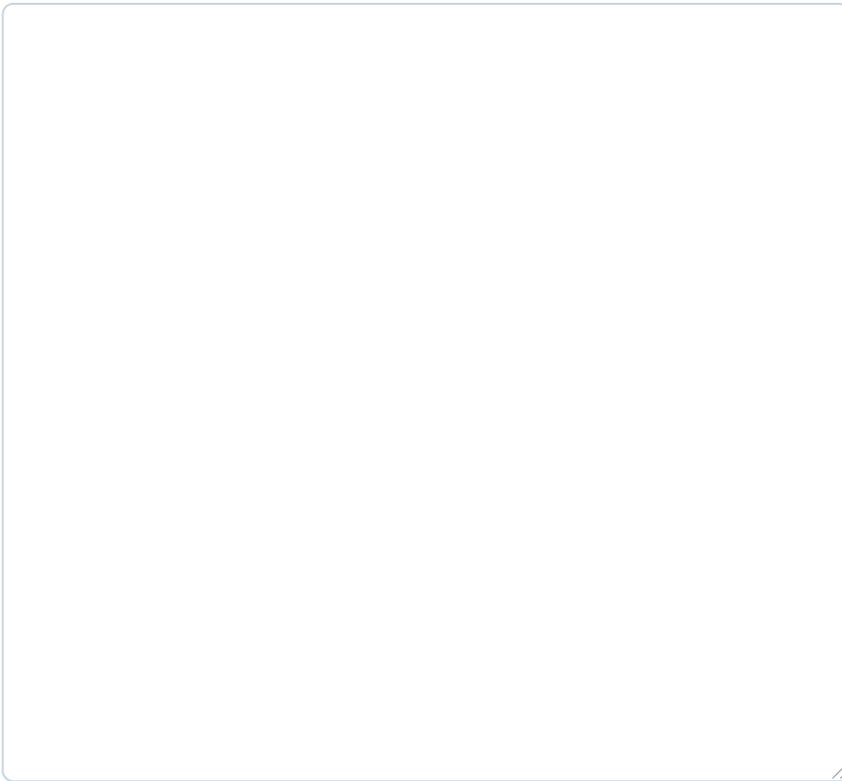
If yes, please list source(es) of funding and amount(s).

Please note that, if funded, the applicant would commit to notify the Foundation if follow-on funding is received that might support some or all of the scope of work already funded by the Foundation. Please acknowledge by typing "Yes" below. Thank you. *

Planned Use of Grant

Title of Research *

Please provide a description of your research in 125 words or less. This description may be used in official reports, such as those prepared for our Board meetings. Your detailed proposal, which will include a lengthier description, will be attached in the following section. *



Max Number of Words: 125

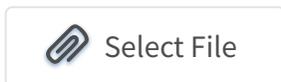
YOUR DETAILED PROPOSAL: Please click "Select Files" to submit your detailed proposal as outlined below. Please only attach PDFs. Please use 8 1/2 x 11 paper (or equivalent) with 1-inch margins (or equivalent); font size of 11. Please refrain from use upper case letters unless absolutely necessary (e.g., acronyms or titles). Here are the required components of your proposal, with word counts and page lengths as noted.

- **Summary of Research Project (250 word limit)**
- **Research Plan (5-page limit, excluding references) that includes:**

--Specific aims
--Background and significance
--Preliminary data
--Experimental design and methods
--References

- **Status of IRB or IACU application or approval.**

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Maximum File Size: 10MB , Accepted file types: .pdf

No file attached

Please provide the total grant request in U.S. dollars (USD). You will be asked to attach your detailed budget in the next question: *

\$

YOUR BUDGET: Please fill in the budget form found at the link provided; the budget should cover the 2-year grant period. Download the form and once filled in, save it (e.g., SmithBudget03-21-22), then upload a copy of it to attach here as a PDF file. Please make sure that all currency is in U.S. dollars (USD). As a reminder, funds awarded do not cover indirect/institutional overhead costs, publication costs, equipment, and most travel. **2-Year Budget Template** (<https://www.zollfoundation.org/wp-content/uploads/2023/11/Fillable-Budget-Template-with-Calculations-11-10-23-V2.pdf>) *



Select File

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Please attach your RESUME/CV. *



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Please disclose any conflict of interest in accordance to your organization's policies: *

Support from Mentor for Young Investigator to Succeed

Name of Mentor who is specifically committed to supporting the young investigator in his/her research efforts if awarded a ZOLL Foundation grant: *

Supporting Mentor's Researcher Position: *

Institution or Agency Affiliation: *

Supporting Mentor's Email: *

Supporting Mentor's Address: *

Supporting Mentor's Address - Line 2: *

City *

State (Province) Optional; only if applicable:

Zip or Country Code *

Supporting Mentor's Country: *

Named mentor should upload a letter that validates the applicant's/young investigator's abilities, the proposed science, and your willingness to support the individual and the success of the proposed project.

*

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Reference Telephone: *

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Applicant Signature

I certify I am able to practice, have current licensure and/or certification and am not under any restrictions. I also confirm that I qualify as a Young Principal Investigator per the ZOLL Foundation's definition found [HERE \(https://www.zollfoundation.org/definition-of-a-young-investigator/\)](https://www.zollfoundation.org/definition-of-a-young-investigator/).

Signature: *

Date: *