

Application Form

Directions for submission: Complete this form electronically and submit the completed form by email to foundation@asrt.org.



Funding Levels:

Tier 1 Up to \$10,000
Tier 2 \$10,001-\$25,000
(two awards per fiscal year)

FOR OFFICE USE ONLY: Application #

Title of Project:

Principal Investigator:

Mr. Ms. Dr. Professor Other:

Name
Last First MI Credentials / Title

Institution

Mailing Address Phone ()

Email

ASRT Member Number

Please fill out ONLY for Full Proposals do NOT fill out for LOIs.

Grant Amount Requested:

First Year \$
Second Year \$ (if applicable)
Total: \$

Co-Investigator(s):

Name and Title

Name and Title

Name and Title

Responsible Officials of Applicant's Institution:

Grants Administration

Name

Title

Address

Signature

Date

Academic or Clinical Department

Name

Title

Address

Signature

Date

I certify that I have applied for all necessary approvals by appropriate boards or committees at my institution and will provide proof of final approval prior to receiving funds. I certify that this application contains no misrepresentations or falsification and that the information given is true and correct to the best of my knowledge. I understand that any false statements made herein will void this application and I will be ineligible for support from ASRT Foundation. I hereby authorize the release of all information contained in this application packet as may be required to determine my eligibility for an award. I hereby waive my rights to review any documents pertaining to my application once submitted.

I understand that if these funds are granted, submission will be required of a progress and/or final report to the ASRT Foundation. Any publications resulting from this research must state that the ASRT Foundation funded this project. Papers generated from this grant will be required to be submitted to ASRT peerreviewed publications, Radiologic Technology and/or Radiation Therapist. I also understand that I may be required to present the research findings at an ASRT conference if appropriate.

Signature of Principal Investigator Date

FOR OFFICE USE ONLY

Application #:

Title:



Research Grant

LETTER OF INTENT FORM

1 Provide a statement in support of how your research project supports the ASRT Foundation's mission

(maximum word count: 50)

2 State the background and significance of the problem your research will address

(use AMA reference style for citations, use attachment for reference page) (maximum word count 270)

FOR OFFICE USE ONLY

Application #:

Title:

Research Grant

LETTER OF INTENT FORM

3 State the aims and specific objectives your research will address
(maximum word count: 70)

4 Provide an overview of your research methodology
(maximum word count: 270)

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Application #:

Title:



Research Grant

LETTER OF INTENT FORM

5 Provide a timeline of your project from start to completion

(maximum word count: 40)

Total Over-all Budget:

Salary:

Supplies (survey, paper, postage, etc.):

Equipment:

Misc:

FOR OFFICE USE ONLY
Application #:
Title:



Research Grant

LETTER OF INTENT FORM

References: