

Emerging Researcher Grant Initial Interest Questionnaire

In order to best match you with a research mentor, please complete this questionnaire and email it to foundation@asrt.org.

- ASRT ID:
- Name:
- Credentials:
- Highest Level of Education:
- Place of Employment or Educational Institution:

- Do you have a research topic identified? ☐ Yes ☐ No
If yes, please provide a brief overview of the topic you are interested in and why you are wanting to conduct this research:

- Do you have prior research experience? ☐ Yes ☐ No
If yes, how many research grants have you received in the past? 0-1 2 or more
If yes, please explain the project and the role you played:

- Have you submitted a research project for consideration of the ASRT Foundation before? ☐ Yes ☐ No
- Are you familiar with the IRB requirements are for your institution? ☐ Yes ☐ No
- Have you submitted an IRB request to your institution? ☐ Yes ☐ No
- Do you currently have a person that you would consider a research mentor? ☐ Yes ☐ No
If yes, do you intend to include that individual as a co-investigator for your project? ☐ Yes ☐ No
- Does your institution support your research project? ☐ Yes ☐ No
- Please attach a letter of support from your institution. [ATTACH FILE](#)