

# Application Form



## Funding Levels:

Tier 1

☐ \$1-\$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

- 2** State the background and significance of the problem your research will address (use AMA reference style for citations, use attachment for reference page)

FOR OFFICE USE ONLY

Application #:

Title:

# Research Grant

LETTER OF INTENT FORM

**3** State the aims and specific objectives your research will address

**4** Provide an overview of your research methodology

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Title:



# Research Grant

LETTER OF INTENT FORM

**5** Provide a timeline of your project from start to completion

Total Over-all Budget:

Salary:

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

Equipment:

Misc:

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Application #:  
Title:



# Research Grant

LETTER OF INTENT FORM

References: