Application Form

Funding Levels:

Tier 1	Т
□ \$1-\$10,000	
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ier 2 □ \$10,001-\$25,000 (two awards per fiscal year)

FOR OFFICE USE ONLY: Application

FQUNDATION

Title of Project:

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Principal Investigator:	□ Mr.	🗆 Ms	. 🗆 Dr.	Professor	□ Other:	
Name		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 Yea	ar	\$			
	Second	Year	\$	(if a	pplicable)	
	Total:		\$			
Co-Investigator(s):						
Name and Title						
Name and Title						

Name and Title

Responsible Officials of Applicant's Institution:

Grants	Admi	inistr	ation
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Grants Administration	Academic or Clinical Department
Name	Name
Title	Title
Address	Address
Signature	Signature
Date	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

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1

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

Research Grant

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

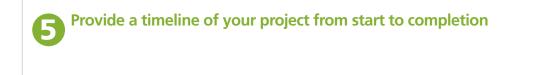
Research Grant

B State the aims and specific objectives your research will address



Provide an overview of your research methodology

Research Grant



Total Over-all Budget:

Salary:

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

Equipment:

Misc:

FOR OFFICE USE ONLY Application #: Title:



References: