

**Eastern Athletic Trainers' Association, Inc.
Supported Research Program
Application Form**

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Application Form**

Principle Investigator _____ (Must be EATA Member)

Name of Institution _____

Address _____

City _____

State _____ Zip _____

Telephone: Work: ()

Home: ()

Fax: ()

E-mail:

NATA Certification # _____ NATA District _____

NATA Membership # _____

Title of Proposed Research Project:

Area of Proposed Research (select one)

_____ **Prevention**

_____ **Recognition, Evaluation and Assessment**

_____ **Immediate Care**

_____ **Treatment, Rehabilitation and Reconditioning**

_____ **Organization and Administration**

_____ **Professional Development and Responsibility**

_____ **Other:** _____

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Total Amount of Funding Requested from EATA _____

List all sponsors who are currently considering proposals for this or similar studies

Sponsor:

Sponsor:

Sponsor:

Please check one of the following:

_____ I authorized peer review of this proposal

_____ I DO NOT authorized peer review of this proposal
(may prevent full consideration of this application)

Signature of Principal Investigator _____ Date _____

Title/Signature of Institutional official _____ Date _____
Department Chair, Dean, or Designee

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Itemized Research Budget and Budget Justification: *Indirect Costs are NOT supported by this EATA Grant.* Travel, one night hotel, and EATA conference registration should be included in the budget. Please provide clear justification for budget items in relation to accomplishing the specific aims of the proposed study.

- ◆ Amount Requested of EATA Inc. _____
- ◆ Institution's share of costs _____
- ◆ Other Assistance _____
- ◆ Total Estimate of Budget _____

Vitae

- ◆ Please include attached curriculum vitae form

Please reference the *Grant Submittal Guidelines* for specifics on how to prepare the grant