

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

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Application Form**

Principal Investigator _____ (Must be EATA Member)

Name of Institution _____

Address _____

City _____

State _____ Zip _____

Telephone: Work: ()
 Home/Cell: ()
 Fax: ()
 E-mail: _____

BOC Certification # _____ NATA District _____

NATA Membership # _____

Title of Proposed Research Project:

- Area of Proposed Research (select one)**
- _____ **Injury and Illness Prevention and Wellness Promotion**
 - _____ **Examination, Assessment and Diagnosis**
 - _____ **Immediate and Emergency Care**
 - _____ **Therapeutic Intervention**
 - _____ **Healthcare Administration and Professional 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 authorize peer review of this proposal

_____ I DO NOT authorize 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 and one night lodging 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 (if applicable) _____
- ◆ Other Assistance _____
- ◆ Total Estimate of Project Budget _____

Vitae

- ◆ Please include attached curriculum vitae form for ALL research team members.

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