

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

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Supported Research Program
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: _____ _____	
Have you or any investigator on this application previous been awarded an EATA research grant? _____ YES _____ NO	
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