

FOR OFFICE USE ONLY: Application # \_\_\_\_\_

Title of Project: \_\_\_\_\_  
\_\_\_\_\_

**Grant Amount Requested:**

First Year	\$ _____	
Second Year	\$ _____	(if applicable)
Total:	\$ _____	

**Principal Investigator:**

Mr.  Ms.  Dr.

Name \_\_\_\_\_  
*Last First MI*

Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
*Number Street City State ZIP*

ASRT Member Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Co-Investigator(s):**

Name and Title \_\_\_\_\_

Name and Title \_\_\_\_\_

Name and Title \_\_\_\_\_

**Responsible Officials of Applicant's Institution:**

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 Education and Research 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 Education and Research Foundation. Any publications resulting from this research must state that the ASRT Education and Research Foundation funded this project. Papers generated from this grant will be required to be submitted to ASRT peer-reviewed publications, *Radiologic Technology* and/or *Radiation Therapist*, and/or be made available on the Research Center for Excellence in the Radiologic Sciences Web site ([www.radsciresearch.org](http://www.radsciresearch.org)). I also understand that I may be required to present the research findings at an ASRT Conference if appropriate.

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_