**ISHA Research Grant**

**Application Form**

**Submission Deadline Date: March 31, 2024**

**Email Submission to:** [**member@isha.net**](mailto:member@isha.net)

**Title Page**

|  |  |
| --- | --- |
| Date Submitted: |  |
| Principal Investigator Name and Degrees: |  |
| Is the Principal Investigator a member of ISHA? | Yes No |
| Is the Principal Investigator a member of an ISHA Committee? | Yes No |
| Institution Name: |  |
| Institution Address (at which the funds will be received): |  |
| Principal Investigator email: |  |
| Principal Investigator phone: |  |
|  | |
| Project Title: | |
|  |  |
| Funding requested in Year 1: |  |
| Funding requested in Year 2: |  |
| Total funds requested: |  |
|  | |
| **Summary information regarding proposed project:** | |
| 1. Participating site(s): |  |
| 1. Expected number of subjects: |  |
| 1. Expected date (month/year) of ethics approval: |  |
| 1. Expected study start date (month/year) |  |
| 1. Expected study end date (month/year) |  |
| 1. Prior funding for this research project? (List total amount or $0 if none): |  |
| 1. Study collaborators/secondary investigators (full name and role(s)): | |
|  | |
| Please provide a summary paragraph describing this project (limit of 2000 characters incl. spaces): | |
|  | |

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| --- | --- | --- | --- | --- |
| **SIGNATURES:** |  |  |  |  |
|  |  |  |  |  |
| Name of Principal Investigator (Printed) |  | Signature of Principal Investigator |  | Date Signed |
|  |  |  |  |  |
| Name of Supervising Investigator (Printed)  *\*New Investigator Research Grants only* |  | Signature of Supervising Investigator  *\*New Investigator Research Grants only* |  | Date Signed |
|  |  |  |  |  |
| Name of Grant Administrator at the Institution (Printed) |  | Signature of Grant Administrator at the Institution |  | Date Signed |