**ISHA Research Grant**

**Application Form**

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

**Email Submission to:** **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)):
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|  |
| Please provide a summary paragraph describing this project (limit of 2000 characters incl. spaces): |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |