

Grant Application		Date Submitted:	
		Proposal Type:	
		If renewal, current grant:	
		Resubmission?	Prior App:
		RFA?	RFA Title:
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>			
APPLICANT NAME		HIGHEST DEGREE(S)	
POSITION TITLE:		APPLICANT'S CURRENT INSTITUTION	
ACADEMIC RANK:			
DIVISION:			
DEPARTMENT:			
E-MAIL ADDRESS:			
Tel:		Fax:	
MAILING ADDRESS <i>(Street, city, state, postal code, country)</i>			
PROGRAM ELIGIBILITY INFORMATION: <i>(Responses to selected fields displayed below. For some grant programs this section may be blank.)</i>			
DATES OF PROPOSED PROJECT <i>(MM/DD/YYYY)</i>		PROPOSED BUDGET	
From		Through	
Name		SIGNING OFFICIAL FOR	
Address		Name	
		Title	
		Address	
Tel:		Tel:	
Fax:		Fax:	
EIN		E-MAIL ADDRESS	
DUNS			
HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes		VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	
Human Subjects Assurance No.		Animal welfare assurance no.	
IRB Status:		IACUC Status:	
IRB Date:		IACUC Date:	
APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		SIGNATURE OF APPLICANT <i>(In ink. "Per" signature not acceptable.)</i>	
		DATE	
SIGNING OFFICIAL ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the grantor's terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF SIGNING OFFICIAL <i>(In ink. "Per" signature not acceptable.)</i>	
		DATE	
SIGNATURE OF FACULTY ADVISOR <i>(In ink. "Per" signature not acceptable.)</i>		SIGNATURE OF DEPARTMENT HEAD <i>(In ink. "Per" signature not acceptable.)</i>	
DATE		DATE	

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SAMPLE

Applicant: [Click here and type last name, first name]

2.1

REPLY TO PREVIOUS REVIEWS (resubmissions only)

SAMPLE

PROGRAM PLAN – PART I

A. CANDIDATE INFORMATION

Graduate Student Status (please check one)			
<input type="checkbox"/>	Enrolled	Full Time:	Part Time:
<input type="checkbox"/>	Accepted	Enrollment date:	
<input type="checkbox"/>	Applied	Expected date of acceptance:	
G.P.A.:			

Date applicant began / will begin in program	
Expected graduation date	
Degree and Specialty	

If the student is an applicant for a graduate program, who should be contacted to verify admission to graduate program?

Name	
Title	
Address	
Phone	
Email	

Provide your preferred mailing address, which should be consistent with the address shown on the application cover page (below APPLICANT'S CURRENT INSTITUTION).

Street Address	
City, State:	Zip Code:

Are any of the following required in your graduate program?

- thesis
- comprehensive exam
- course/scholarly project
- research project

Please indicate the title or topic of thesis or scholarly project.

Please indicate the faculty member responsible for the cancer component in your graduate program.

Name	
Title	
Address	
Phone	
Email	

Please indicate if you are receiving financial assistance for your graduate education.

<u>Funding Agency</u>	<u>Amount</u>	<u>Dates of Assistance</u>
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BIOGRAPHICAL INFORMATION

Professional Education: Please include **a.** all college, undergraduate, and graduate degrees including your undergraduate nursing degree; **b.** continuing education relevant to oncology; and **c.** any cancer nursing or other relevant specialty certification(s) and certifying organization.

a.	<u>Institution</u>	<u>Location</u>	<u>Degree/Field of Study</u>	<u>Date of Completion</u>
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b. Continuing Education Date Number of CEUs/hours

_____ Total Hours

c. Certification/Organization Dates Effective

Professional Experience in Oncology: List most recent position last (note career advancement).

Dates Position Institution Location

Membership in Professional Organizations

Dates Organization Offices Held/Committee Memberships

Volunteer Activities (with the American Cancer Society or other community organizations):

Dates Organization Activity/Frequency

Professional Contributions: Include here presentations, publications, or research activities, as well as any standards or materials developed (for example, videos, teaching tools). Please specify the audience for presentations and materials as work-related, local, regional, national or international.

a. Presentations:

Date Title Location (e.g., title of conference and sponsoring organization) Audience

b. Refereed Publications (journal articles and book chapters) provide full citation:

B. GRADUATE PROGRAM - CANDIDATE

Why did you choose the program at this institution (relate your choice to your goals in cancer nursing)? We are especially interested in how your choice relates to your goals in cancer nursing and how it will prepare you for the advanced practice role. ***Include in the appendix the page(s) from the graduate catalog that describe the graduate degree program, the concentration offered and the listing of courses with descriptions.***

How will the graduate program assist you in achieving your stated goals?

Briefly describe the courses and clinical experiences/facilities of the program that are related to cancer nursing.

Applicant: [Click here and type last name, first name]

3.7

Please identify the courses you project to fulfill your degree requirements. **If possible, identify these courses on the appended page(s) from the graduate catalog.**

SAMPLE

PROGRAM PLAN – PART II [to be completed by a faculty member who is either the applicant's advisor or who has a major teaching or administrative role in the graduate program. See Instructions.]

Provide an overview of the graduate program in cancer nursing. If not an oncology program, explain how the program is appropriate for someone who is applying for a graduate scholarship in cancer nursing.

Briefly describe the courses, clinical experiences, and facilities related to cancer nursing that are available to the applicant.

Describe your role in the graduate program. List any other faculty, including clinical faculty/preceptors, and describe their roles and qualifications.

Comment on the applicant's qualifications and potential to be successful in graduate study.

SAMPLE

FACULTY ADVISOR BIOGRAPHICAL SKETCH (limit to two pages; see Instructions)

NAME	POSITION/TITLE
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EDUCATION (begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training):

INSTITUTION AND LOCATION	FIELD OF STUDY	DEGREE AND YEAR CONFERRED

RESEARCH AND PROFESSIONAL EXPERIENCE

Concluding with present position, list in chronological order: previous employment, experience, and honors.

SAMPLE

FACULTY ADVISOR BIOGRAPHICAL SKETCH (continued)

PUBLICATIONS

List in chronological order: the titles, all authors, and complete references for all publications during the past three years and for representative earlier publications pertinent to this application.

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