

Grant Application		Date Submitted:	
		Proposal Type:	
		If renewal, current grant:	
		Resubmission?	Comm Code:
		1st or 2nd:	
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 PRECEPTOR <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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STRUCTURED TECHNICAL ABSTRACT

Name of Applicant:
Title of Project:

In the 7 x 7-inch space below, summarize concisely your proposed research, outlining background, objective/ hypothesis, specific aims, study design, and cancer relevance. You will provide the abstract as a separate file when you electronically submit your application. Refer to Application Instructions. If the application is funded, this Abstract will become public information. Therefore, do not include proprietary/confidential information.

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

3.1

REPLY TO PREVIOUS REVIEWS (resubmissions only)

E. Candidate Experience and Goals

Professional Experience Describe your training and experience in oncology social work to date. If your background is not cancer-related, explain how your past experience prepared you to pursue your current interest in the field. (See Policies, Section 21, and describe how you have demonstrated a commitment to a career in oncology social work.)

Research Experience Describe any previous, relevant involvement in research; state the nature, results, and where, when, and with whom the work was conducted. If no research experience, list other scientific experience.

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

4.3

Other Relevant Experience Include any other experience that you feel is relevant to this proposal.

Professional Goals Describe your professional goals.

F. Doctoral/Research Program

Why did you choose the doctoral program (relate your choice to your professional goals in oncology psychosocial research)?

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

Give a brief description of the resources available to you as a student in this program.

Provide a plan of the courses you project to fulfill your degree requirements. For each semester, list in table form course code numbers and credits; in a second list immediately below the first one, provide the course code number and title for each course shown on the first list. (Note: if you have completed your coursework or will have done so by the start date of the grant, this form is not required.)

A. Program Progression Time Line (Complete all parts, even if some dates are to be determined. Applicants submitting **Research Plan 2** must explain if some dates are approximate.)

Program Phase	Date Completed or Projected Date of Completion	Not Applicable - Explain Why
Preliminary Exam and/or Qualifying Exam		
Proposal Defense or Colloquium		
Admitted to Candidacy		
IRB Proposal Approval for dissertation research A. Academic Institution B. Data Collection Site(s) (list all sites):		
Data Collection		
Data Analysis (Describe status)		
Dissertation Defense		
Final Filing With Graduate Office/Graduation Release		

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

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

6.1

A. RESEARCH PLAN (Check One) PART 1 _____ or PART 2 _____
Note: headings provided in Instructions must be used.

PART II: INSTITUTIONAL INFORMATION (Attach continuation pages as needed.)

A. Describe the school of social work. Relate the history and mission of the school, and provide information about its size, including faculty, staff and student body. Describe in general terms the number and types of degree programs and concentrations. Provide specific information about the doctoral and/or post-doctoral training program, including information about its history and success in preparing oncology social work researchers (specifically, how many students have completed dissertations and graduated during the recent past), the number of students currently enrolled, graduate programs, and any other activity that is relevant to the proposed training program.

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

7.2

B. Research Activity

Describe the ongoing oncology psychosocial research at the institution.

C. Program Faculty

List faculty to be involved directly in training. The various roles of the listed individuals must be described in detail in the section following. In addition, biographical information for the faculty listed below must also be included.

NAME	TITLE
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Elaborate the preceptor role and the roles of supporting faculty listed above. The description of the preceptor's role should include that individual's experience in oncology social work and psychosocial research, and the amount of time to be spent with the trainee. Explain the relationship of any other staff or faculty to the trainee.

D. Outline of Program for Trainee

Describe the research program plan, including elective courses, independent study, seminars and other learning opportunities, and how this work will support the student's goal of a career in oncology social work research. Describe resources and facilities available for training, including those outside of the school of social work.

Include a description of how the funding available for student and the faculty mentor to attend the Society of Social Work Research annual conference, and other professional conferences is proposed to be used [see Policies, Section 23].

BIOGRAPHICAL SKETCH

Provide the following information for the preceptor/dissertation chair and program faculty.
 Follow this format for each person. **DO NOT EXCEED TWO PAGES.**

NAME		POSITION TITLE	
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i>)			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

A. Licensure and certification credentials with dates (as credentials vary from state to state, provide enough detail so that the reviewers understand the nature of the license, for example, identifying that a particular license is for independent clinical practice):

B. Research and Professional Experience

Starting with present position and responsibilities, list relevant experience, including research, teaching, supervisory/advisory, and clinical activities, include dates:

Other previous training/experience relevant to oncology. List chronologically (include dates) beginning with most recent; include volunteer activities:

BIOGRAPHICAL SKETCH (continued)

Academic/professional honors, awards, consultantships and/or activities. Specify dates and national/local status:

Memberships and service to principal national professional societies:

C. Professional Contributions: representative publications, presentations, workshops relevant to oncology psychosocial research, practice and teaching; include dates: