

Grant Application	Date Submitted:	
	Proposal Type:	
	If renewal, current grant:	
	Resubmission?	Prior App:
	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:	Fax:	Tel: 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.	IRB Status:	Animal welfare assurance no. 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 DEPARTMENT HEAD <i>(In ink. "Per" signature not acceptable.)</i>	DATE

Applicant:

Application Contacts

Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Fax:	
E-mail		E-mail	

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>	

This General Audience Summary will become public information; therefore, do not include proprietary/confidential information.

TABLE OF CONTENTS

Sections	Page
Cover Pages (Signature page with Assurances and Certification, Contact Page, General Audience Summary)	
Table of Contents.....	1.1
Structured Technical Abstract (required for Research Plan B <u>only</u>)	2.1
Reply to Previous Review (resubmitted applications only).....	3.1
Copies of prior critiques (resubmitted applications only)	
Program Plan — Part I.....	4.1
Program Progression Time Line.....	5.1
Research Plan A or B	6.1
Program Plan — Part II. Institutional Information	7.1
Biographical Information for Faculty Advisor/Dissertation Chair	8.1
Application Appendix	

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

3.1

REPLY TO PREVIOUS REVIEWS (resubmissions only)

PROGRAM PLAN – PART I

A. CANDIDATE INFORMATION

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

* If part time, indicate the date by which you will be enrolled as a full-time student: _____

Date applicant began / will begin in program	
Expected graduation date	
Degree to be awarded and specialty	
Type of Program (PhD, BSN to PhD, etc.)	
Are you attending a distance learning program?	

If enrolled in a doctoral program, please complete table below.

Course Work	credits / hours / units <i>(please specify)</i>	% program completed
Completed prior to September 1, 2011		
To be completed September 2011 – August 2013		
Minimum required for the doctoral degree		
Minimum registration for full-time doctoral students		

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

Name and Title	
Address	
Phone:	Fax:
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:

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

Your faculty advisor should be listed on the Contacts page of the electronic application. If the dissertation chair has been chosen, please name here and include a biographical sketch in Part II.

Name and Title	
Address	
Phone	
Email	

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

Funding Agency

Amount

Dates of Assistance

B. BIOGRAPHICAL INFORMATION

Professional Education: Please indicate a. nursing and other relevant education; b. continuing education relevant to cancer nursing or focus for doctoral study; and c. any cancer nursing or other relevant specialty certification(s) and certifying organization.

a. Institution Location Degree/Field of Study Date of Completion

b. Continuing Education Date Number of CEUs/hours

_____ Total Hours

c. Certification/Organization Dates Effective

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

Professional Nursing Experience: List most recent position **last** (note career advancement).

<u>Dates</u>	<u>Position Title</u>	<u>Institution/Location</u>	<u>Cancer Nursing (Y/N)</u>
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Membership in Professional Organizations

<u>Dates</u>	<u>Organization</u>	<u>Offices Held/Committee Memberships</u>
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Volunteer Activities (with the American Cancer Society or other community organizations):

<u>Dates</u>	<u>Organization</u>	<u>Activity/Frequency</u>
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Professional Contributions: List your most significant contributions in the space provided. Specify audience as local, state, regional, national or international.

a. Presentations:

<u>Date</u>	<u>Title</u>	<u>Location</u> (e.g., title of conference and sponsoring organization)	<u>Audience</u>
-------------	--------------	---	-----------------

b. Publications (List full citation for all in preparation, submitted, in press, or published.):

c. Research:

<u>Date</u>	<u>Title</u>	<u>Role</u>
-------------	--------------	-------------

d. Other: (development of standards, teaching tools, videos, etc.; list dates)

Date	Title
------	-------

Honors/Awards: You may also list prior awards including those during baccalaureate study.

a. Professional

b. Scholastic

Professional Goals: Describe your professional goals, particularly as they relate to your previous cancer nursing experiences. This section should be 500 words or less.

C. DOCTORAL PROGRAM

Why did you choose your doctoral program? We are especially interested in how your choice relates to your goals in cancer nursing and will prepare you for the cancer nurse scientist role. If this program awards a research doctorate in a discipline other than nursing, please give the rationale for that aspect of your choice and how the program will prepare you.

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

4.8

PLAN OF COURSES TO COMPLETE THE DOCTORAL DEGREE Provide a list of your coursework, even if it has been completed (see sample located in the Instructions).

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

4.9

Briefly describe how each didactic course and clinical and research experience in the program of study relates to cancer nursing.

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

Your faculty advisor should be listed on the Contacts page of the electronic application. If the dissertation chair has been chosen, please name here and include a biographical sketch in Part II.

Name and Title	
Address	
Phone	
Email	

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

Funding Agency

Amount

Dates of Assistance

B. BIOGRAPHICAL INFORMATION

Professional Education: Please indicate a. nursing and other relevant education; b. continuing education relevant to cancer nursing or focus for doctoral study; and c. any cancer nursing or other relevant specialty certification(s) and certifying organization.

a. Institution Location Degree/Field of Study Date of Completion

b. Continuing Education Date Number of CEUs/hours

_____ Total Hours

c. Certification/Organization Dates Effective

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

Professional Nursing Experience: List most recent position **last** (note career advancement).

<u>Dates</u>	<u>Position Title</u>	<u>Institution/Location</u>	<u>Cancer Nursing (Y/N)</u>
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Membership in Professional Organizations

<u>Dates</u>	<u>Organization</u>	<u>Offices Held/Committee Memberships</u>
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Volunteer Activities (with the American Cancer Society or other community organizations):

<u>Dates</u>	<u>Organization</u>	<u>Activity/Frequency</u>
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Professional Contributions: List your most significant contributions in the space provided. Specify audience as local, state, regional, national or international.

a. Presentations:

<u>Date</u>	<u>Title</u>	<u>Location</u> (e.g., title of conference and sponsoring organization)	<u>Audience</u>
-------------	--------------	---	-----------------

b. Publications (List full citation for all in preparation, submitted, in press, or published.):

c. Research:

<u>Date</u>	<u>Title</u>	<u>Role</u>
-------------	--------------	-------------

d. Other: (development of standards, teaching tools, videos, etc.; list dates)

Date	Title
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Honors/Awards: You may also list prior awards including those during baccalaureate study.

a. Professional

b. Scholastic

Professional Goals: Describe your professional goals, particularly as they relate to your previous cancer nursing experiences. This section should be 500 words or less.

C. DOCTORAL PROGRAM

Why did you choose your doctoral program? We are especially interested in how your choice relates to your goals in cancer nursing and will prepare you for the cancer nurse scientist role. If this program awards a research doctorate in a discipline other than nursing, please give the rationale for that aspect of your choice and how the program will prepare you.

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

4.8

PLAN OF COURSES TO COMPLETE THE DOCTORAL DEGREE Provide a list of your coursework, even if it has been completed (see sample located in the Instructions).

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

4.9

Briefly describe how each didactic course and clinical and research experience in the program of study relates to cancer nursing.

PART D. PROGRAM PROGRESSION TIME LINE (Please complete all parts)

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]

6.1

E. RESEARCH PLAN A ___OR B ____ (check one).

See instructions for completing this section, including the correct format and use of subheadings.

PROGRAM PLAN — PART II. INSTITUTIONAL INFORMATION

To be completed by the faculty advisor/dissertation chair. See Instructions.

- A. Describe the research program plan (including classes, seminars, and other activities, if any) for the applicant.
- B. Describe the research environment and available research facilities. Include information that will help reviewers evaluate the applicant and the proposed training. Indicate the relationship of the proposed research training to applicant's career.
 1. Indicate the total number of graduate and postdoctoral students who will be supervised directly during the tenure of the proposed scholarship.
 2. Provide a representative list of previous students, their present employing organization, and position title or occupation (limit to five).
- C. Describe your ongoing research activities that relate to the applicant's study.
- D. Comment on the applicant's qualifications and potential for a research career.

BIOGRAPHICAL SKETCH

Provide the following information for the faculty advisor/dissertation chair

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 (if applicable)	YEAR(s)	FIELD OF STUDY

A. Research and Professional Experience

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

FACULTY ADVISOR/DISSERTATION CHAIR BIOGRAPHICAL SKETCH (continued)

B. 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.