

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:	
ASSURANCE OF THOSE SIGNING THIS APPLICATION: I certify that the statements in this Application that pertain to me and my Institution are true, complete, and accurate to the best of my knowledge, and that I have provided all information required by this Application. I am aware that false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties. I agree that I will (and the Signing Official further represents that the institution will) comply with all Grant Policies of the Society, including reporting requirements, to the extent applicable. I understand that a failure to comply with such Policies, or the the terms of the Application, or any additional terms associated with a Grant, may result in the Society suspending or cancelling Grant funding, to be decided by the Society at its sole discretion. The Applicant certifies, and the Signing Official certifies that the Institution has verified, that the Applicant is a citizen or permanent resident of the United States of America.			
SIGNATURE OF APPLICANT (In ink. "Per" signature not acceptable)		DATE	SIGNATURE OF DEPARTMENT HEAD (In ink. "Per" signature not acceptable)
			DATE
SIGNATURE OF FACULTY ADVISOR (In ink. "Per" signature not acceptable)		DATE	SIGNATURE OF SIGNING OFFICIAL (In ink. "Per" signature not acceptable)
			DATE

Applicant:

Application Contacts

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

TECHNICAL ABSTRACT

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

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

2.1

REPLY TO PREVIOUS REVIEWS (resubmissions only - required)

PROGRAM PLAN – PART I

A. CANDIDATE INFORMATION

Doctoral Student Status (please indicate one)				
	Enrolled	Full Time	Part Time*	GPA
	Accepted	Enrollment date:		
	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>	% of total program completed
Completed prior to September 1, 2014		
To be completed September 2014 – August 2016		
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 the 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 or other relevant education; b. continuing education relevant to oncology or focus for doctoral study; and c. any 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 Experience in Oncology: 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>
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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>
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d. Other: (development of standards, teaching tools, videos, etc.; list dates)

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

3.6

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 oncology experience. 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 research 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]

3.8

PLAN OF COURSES TO COMPLETE THE DOCTORAL DEGREE Provide a list of your coursework even if it has been completed. *(Use continuation pages as needed.)*

Semester & Year	Course Number and Title	Credit Hours	Brief Description of Course Content	Grade Earned
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Applicant: [Click here and type last name, first name]

3.9

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]

5.1

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. PROGRAM – ADVISOR 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 THREE 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.