

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:	
EIN		Fax:	
DUNS		E-MAIL ADDRESS	
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 eligible to work in the United States of America for the period of the award.			
SIGNATURE OF APPLICANT	DATE	SIGNATURE OF DEPARTMENT HEAD	DATE
SIGNATURE OF PRECEPTOR	DATE	SIGNATURE OF SIGNING OFFICIAL	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.

SAMPLE

TECHNICAL ABSTRACT

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

SAMPLE

Cover Pages (Signature page with Assurances and Certification, Contact Page, General Audience Summary and Structured Technical Abstract (required for Research Plan B only))

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

2.1

REPLY TO PREVIOUS REVIEWS (resubmissions only)

PROGRAM PLAN – PART I

A. CANDIDATE INFORMATION

Current GPA	
Date applicant began in program	
Expected graduation date	
Degree to be awarded and specialty	

Course Work	credits / hours / units (please specify one)
Minimum required for the doctoral degree	
Minimum registration for full-time doctoral students	
Completed prior to September 1, 2019	
To be completed September 2019 – August 2021	
<i>If coursework is completed, anticipated or actual date of entry to candidacy</i>	

Faculty Advisor / Dissertation Chair

If the faculty advisor has changed or the dissertation chair has been chosen since the initial application, please name and include a biographical sketch in Part II. Note: the person named here should also complete **Part II: Program - Advisor Information**.

Name and Title	
Address	
Phone:	Fax:
Email:	

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

Funding Agency Amount Dates of Assistance

B. BIOGRAPHICAL INFORMATION *The reviewers will be looking for evidence of progress in the areas of professional contributions (i.e., publications, memberships, etc.) and how these activities contribute to the student's doctoral studies and dissertation research. Provide ONLY NEW information or relevant **ONGOING** activities; do not replicate what was included in the Biographical Information section of your original Doctoral Scholarship application.*

Professional Education: Please indicate **a.** continuing education relevant to cancer nursing or focus for doctoral study; and **b.** any [nursing specialty or other oncology-related](#) certification(s) and certifying organization.

<u>a. Continuing Education</u>	<u>Date</u>	<u>Number of CEUs/hours</u>	
			<u> </u> Total Hours

<u>b. Certification/Organization</u>	<u>Dates Effective</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)

Dates Organization Activity/Frequency

Professional Contributions: List your most significant contributions in the space provided. Specify audience as local, state, regional, national or international.

a. Presentations:

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

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

c. Research:

Date	Title of Research and PI	Role	Outcomes
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d. Other: (development of standards, teaching tools, videos, etc.; list dates)

Date	Title
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Honors/Awards:

a. Professional

b. Scholastic

C. Update the plan of the courses you previously projected to fulfill your degree requirements by adding grades, dates completed and the outcomes (see the example on the first line.) **If this was a change from your projected course of study, indicate with an asterisk (*) and explain the reason for the change on the line below.** If you have not completed your course work, include the courses you project to fulfill your degree requirements. [Use continuation pages as needed (you may also delete the example from your document).]

EXAMPLE	NRM 771				
Spring	Methods/Measurement	3	A	Overview of the theories, principles, and techniques that yield reliable and valid measurement of human systems	Outcome examples: experience in research skill, such as reliability analysis; grant or portion written, abstract or paper submitted.
2012	in Nursing Research				

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

Program Phase	Completion date given in original application	If applicable, revised completion date <i>and</i> explanation of change	If completed, actual date of completion
Course Work			
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) (Include all sites)			
Data Collection			
Data Analysis			
Dissertation Defense			
Final Filing With Graduate Office/Graduation Release			

E. RESEARCH PLAN A ___ OR B ____ (check one).

PROGRAM PLAN — PART II. PROGRAM - ADVISOR INFORMATION

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

- A. Update the original training plan for the candidate with any additional educational or research activities (e.g., classes, seminars).
- B. Comment on the candidate's progress and potential for a research career. Please note that any changes listed by the applicant on the Program Progression Timeline must be addressed here as well.

BIOGRAPHICAL SKETCH

Provide the following information for the faculty advisor/dissertation chair

DO NOT EXCEED FIVE 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.