

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:	
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 (In ink. "Per" signature not acceptable)	DATE	SIGNATURE OF DEPARTMENT HEAD (In ink. "Per" signature not acceptable)	DATE
SIGNATURE OF PRECEPTOR (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.

SAMPLE

TECHNICAL ABSTRACT

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

SAMPLE

TABLE OF CONTENTS

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

2.1

REPLY TO PREVIOUS REVIEWS (resubmissions only)

PART I: CANDIDATE INFORMATION

A. Doctoral Student Status

Student Status [Select one by placing "X" in left most (gray) column.]		
Accepted	Enrollment date:	
Enrolled	Full Time	Part Time*

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

Date applicant began / will begin in program		
Expected graduation date		
GPA		If not a 4.0 grading scale, provide scale: _____ (If no GPA is available yet, provide GPA for most recent academic degree.)
Degree and Specialty		
If not an on-campus program, indicate type (e.g., distance, blended with ____% on campus, etc.)		

B. GRE Scores (if available)

Analytical writing	Verbal	Quantitative
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C. Please complete the table below. (Adjust months as needed.)

Course Work	credits / hours / units <i>(please specify)</i>
Completed prior to September 1, 2018	
To be completed September 2018 – August 2020	
Minimum required for the doctoral degree	
Minimum registration for full-time doctoral students	

D. Other Support: Please indicate if you are receiving financial assistance for your doctoral education.

Funding Agency	Amount	Dates
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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]

3.3

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.

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

3.5

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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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]

5.1

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.

B. Research Activity

Describe the ongoing oncology social work 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

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. The preceptor must also provide the following:

- The total number of graduate and postdoctoral students who will be directly supervised during the term of training.
- A representative list of previous students, their present employing organization, and position title or occupation (limit to five).
- Ongoing research activities that relate to the student's dissertation project.
- A brief description of the preceptor's relationship to date with the student.

D. Outline of Program for Trainee

Describe the research training 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, and how the student will access these. Explain the relationship of any other staff or faculty to the trainee. Include a description of how the funding available for the student and the faculty preceptor to attend the Society of Social Work Research annual conference and other professional conferences is proposed to be used [see Policies, Section 23].

Provide the following information for the preceptor/dissertation chair and program faculty.
 Follow this format for each person. **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. 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:

(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: