

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 FACULTY ADVISOR	DATE	SIGNATURE OF SIGNING OFFICIAL	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.

<h1>SAMPLE</h1>

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, Contact Page, and General Audience Summary)

Table of Contents	1.1
Reply to Previous Review (resubmitted applications only)	2.1
Copies of prior critiques (resubmitted applications only)	
Program Plan Part I	3.1
Program Plan Part II	4.1
Faculty Advisor Biographical Sketch	5.1
Application Appendix	

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

2.1

REPLY TO PREVIOUS REVIEWS (resubmissions only)

PROGRAM PLAN – PART I

A. CANDIDATE INFORMATION

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

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		
Indicate type of program (e.g., on-campus, distance, blended with ____% on campus, etc.)		
Licensure: If your license to practice as a registered nurse is pending, provide the date you intend to take the test		

Degree Requirements	credits / hours / units <i>(please specify)</i>
Minimum required for the graduate degree	
Completed by October 1, 2019	
To be completed November 2019 – August 2020	
To be completed September 2019 – August 2020	

Please indicate your area of scholarly interest in cancer care.

If enrolled in a master’s degree program, is a thesis or capstone project required? ____ Yes ____ No
[If YES, see page 3.8.]

Please indicate the faculty advisor responsible for the oncology nursing content in the curriculum or proposed program of study.

Name			
Title			
Address			
Phone		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:

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

<u>Funding Agency</u>	<u>Amount</u>	<u>Dates of Assistance</u>
-----------------------	---------------	----------------------------

BIOGRAPHICAL INFORMATION

Professional Education: Please include **a.** all college, undergraduate, and graduate degrees including your undergraduate nursing degree; **b.** continuing education relevant to oncology; and **c.** any cancer nursing or other relevant specialty certification(s) and certifying organization.

a.	<u>Institution and Location</u>	<u>Degree / Field of Study</u>	<u>Date of Completion</u>
----	---------------------------------	--------------------------------	---------------------------

b.	<u>Continuing Education</u>	<u>Date</u>	<u>Number of CEUs/hours</u>
----	-----------------------------	-------------	-----------------------------

_____ Total Hours*

**If substantial, provide the total over the last five years and a representative list of courses taken.*

c. Certification/Organization Dates Effective

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

<u>Dates</u>	<u>Position</u>	<u>Institution & Location</u>	<u>Oncology-Related (Y/N)</u>
--------------	-----------------	---------------------------------------	-----------------------------------

Membership in Professional Organizations

<u>Organization</u>	<u>Offices Held/Committee Memberships</u>	<u>Dates</u>
---------------------	---	--------------

Volunteer Activities (with the American Cancer Society or other community organizations):

<u>Organization</u>	<u>Activity/Frequency</u>	<u>Dates</u>
---------------------	---------------------------	--------------

Professional Contributions: Include here presentations, publications, or research activities, as well as any standards or materials developed (for example, videos, teaching tools). APA format is preferred.

a. Presentations: Please specify the date, title, location (e.g., title of conference and sponsoring organization) and audience (work-related, local, regional, national or international).

b. Refereed Publications (journal articles and book chapters) provide full citation:

c. Non-Refereed Materials (articles, commentaries, work place guidelines, patient education materials, newsletters, etc.)

Date

Title

Audience

d. Research involvement, including thesis or clinical projects:

Title of project

Role

Dates

Honors/Awards: Indicate whether local or national, and the purpose of the award or honor if not evident by the title.

a. Professional

b. Scholastic

PROFESSIONAL GOALS Describe your professional goals [beyond completing your program of study](#), particularly as they relate to your interest and experience in oncology. This section should be 500 words or less.

B. GRADUATE PROGRAM - CANDIDATE

Describe the graduate degree program and the concentration offered. Why did you choose the program at this institution? We are especially interested in how your choice relates to your goals in cancer nursing and how it will prepare you for the advanced practice role.

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

Briefly describe the courses and practical or clinical experiences/facilities of the graduate program that are related to cancer nursing. [If not applicable, please provide information about your prior training or education in oncology nursing.](#)

SCHOLARLY PROJECT (if applicable)

All applicants in DNP programs and any master's students in programs that require a thesis or capstone project, must provide the following. Please limit your description to one page.

- a) Purpose and rationale for the project

- b) Proposed approach

- c) The expected contribution of the results to clinical practice.

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

3.1

PLAN OF COURSES TO COMPLETE THE DEGREE PROGRAM Provide a list of your coursework even if it has been completed. *(Use continuation pages as needed. [You may need to cut and paste the table below to do so.](#) (If you need help with formatting, contact ACS.)*

Semester & Year	Course Number and Title	Credit Hours	Brief Description of Course Content	Grade Earned
--------------------------------	--------------------------------	-------------------------	--	-------------------------

PROGRAM PLAN – PART II [to be completed by a faculty member who is either the applicant's advisor or who has a major teaching or administrative role for the oncology content in the graduate program. See Instructions.]

1. Provide an overview of the graduate program in cancer nursing. If not an oncology program, explain how the program is appropriate for someone who is applying for a graduate scholarship in cancer nursing.
2. Briefly describe the courses, clinical experiences, and facilities related to cancer nursing that are available to the applicant. [Please describe strategies used by the program \(on campus, online, or distance-mediated\) to engage the student in didactic and clinical activities, the kinds of campus activities offered, and how students work together and learn from each other. In addition, explain how oncology nursing preceptors are selected for students and provide examples of preceptors used by your school of nursing, including how advisors advocate for and supervise the student's clinical and capstone activities.](#)
3. Describe your role in the graduate program. [Be explicit about your advising/mentoring activities for the student.](#) List any other faculty, including clinical faculty/preceptors, and describe their roles and qualifications.
4. Comment on the applicant's qualifications and potential to be successful in graduate study.

FACULTY ADVISOR BIOGRAPHICAL SKETCH (limit to two pages; see Instructions)

NAME	POSITION/TITLE
-------------	-----------------------

EDUCATION (begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training):

INSTITUTION AND LOCATION	FIELD OF STUDY	DEGREE AND YEAR CONFERRED

RESEARCH AND PROFESSIONAL EXPERIENCE

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

FACULTY ADVISOR BIOGRAPHICAL SKETCH (continued)

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.