



RESEARCH GRANT APPLICATION FORM

Please provide the following information in your application.

Date: _____

Name of Applicant: _____

Email: _____

Country of Orthoptic Certification: _____

Institution / Practice Name and Address: _____

Funds requested for (please check those that apply):

Equipment (please identify):

Amount requested: _____

Statistician

Amount requested: _____

Travel for presentation

Amount requested: _____

Publication expenses

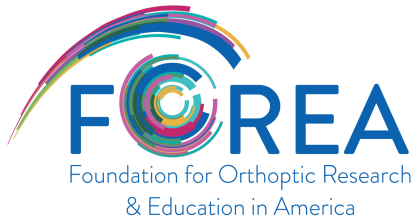
Amount requested: _____

Other (please specify): _____

Amount requested: _____

Title of research project (maximum 85 characters):

Anticipated date of completion (this will NOT be considered a completion deadline):



Co-Investigators:

Summary of project (maximum 400 characters):

This should include hypothesis/research question and broad objectives:

Background (maximum 250 characters):

Methods:

Outcome measures:

References (5 minimum):

Please be sure to include with your application:

1. Institutional Review Board approval documentation or affidavit confirming that the study conforms to the Declaration of Helsinki
2. Documentation of your current Canadian or American orthoptic certification.