**APPLICATION FORM**

Principal Investigator (Must be EATA Member):

Name of Institution:

Address:

City , State, ZIP :

Telephone: Work: (xxx) xxx-xxxx Home/Cell: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx

E-mail:

BOC Certification #: NATA Membership #:

Current NATA District:

**Title of Proposed Research Project:**

**Have you or any investigator on this application previous been awarded an EATA research grant?** YES / NO

**AREA OF PROPOSED RESEARCH** (select one):

* Injury and Illness Prevention and Wellness Promotion
* Examination, Assessment and Diagnosis
* Immediate and Emergency Care
* Therapeutic Intervention
* Healthcare Administration and Professional Responsibility
* Other:

**ITEMIZED RESEARCH BUDGET AND BUDGET JUSTIFICATION:**

Indirect Costs are NOT supported by this EATA Grant. Travel and one-night lodging should be included in the budget. Please provide clear justification for budget items in relation to accomplishing the specific aims of the proposed study.

* Amount Requested of EATA, Inc.
* Institution’s share of costs (if applicable)
* Other Assistance
* Total Estimate of Project Budget

**CURRICULUM VITÆ:**

• Please include a curriculum vitae form for EACH research team member.

***Please reference the Grant Submittal Guidelines for specifics on how to prepare the grant documentation***