

**Eastern Athletic Trainers' Association, Inc.  
Supported Research Program  
Application Form**

**Eastern Athletic Trainers' Association, Inc.  
Supported Research Program  
Application Form**

Principle Investigator \_\_\_\_\_ (Must be EATA Member)

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone:    Work: (    )  
                  Home: (    )  
                  Fax:    (    )  
                  E-mail:

NATA Certification # \_\_\_\_\_ NATA District \_\_\_\_\_

NATA Membership # \_\_\_\_\_

Title of Proposed Research Project:

**Area of Proposed Research (select one)**

- \_\_\_\_\_ **Prevention**
- \_\_\_\_\_ **Recognition, Evaluation and Assessment**
- \_\_\_\_\_ **Immediate Care**
- \_\_\_\_\_ **Treatment, Rehabilitation and Reconditioning**
- \_\_\_\_\_ **Organization and Administration**
- \_\_\_\_\_ **Professional Development and Responsibility**
- \_\_\_\_\_ **Other:** \_\_\_\_\_

**Eastern Athletic Trainers' Association, Inc.**  
**Supported Research Program**  
**Application Form**

Total Amount of Funding Requested from EATA \_\_\_\_\_

List all sponsors who are currently considering proposals for this or similar studies

Sponsor:

Sponsor:

Sponsor:

Please check one of the following:

\_\_\_\_\_ I authorized peer review of this proposal

\_\_\_\_\_ I DO NOT authorized peer review of this proposal  
(may prevent full consideration of this application)

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

Title/Signature of Institutional official \_\_\_\_\_ Date \_\_\_\_\_  
Department Chair, Dean, or Designee

**Eastern Athletic Trainers' Association, Inc.**  
**Supported Research Program**  
**Application Form**

**Itemized Research Budget:** *Indirect Costs are NOT supported by this EATA Grant.*  
Travel, one night hotel, and EATA conference registration is granted to the recipient and therefore should not appear in the budget.

- ◆ Amount Requested of EATA Inc. \_\_\_\_\_
- ◆ Institution's share of costs \_\_\_\_\_
- ◆ Other Assistance \_\_\_\_\_
- ◆ Total Estimate of Budget \_\_\_\_\_

**Vitae**

- ◆ Please include attached curriculum vitae form

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