

**ACADEMY OF ORTHOPAEDIC PHYSICAL THERAPY, APTA, INC.**  
**CLINICAL RESEARCH GRANT PROGRAM GRANT**  
**APPLICATION FORM – Cover Sheet**  
(Please type)

Name and title of Principal Investigator (PI): \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Co-Investigator(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Title: \_\_\_\_\_

\_\_\_\_\_

Purpose: (from the listed criteria) that the grant addresses \_\_\_\_\_

\_\_\_\_\_

Category of Application (circle one):

- New Investigator (\$30,000 max)
- Unrestricted (\$40,000 max)
- Career Development (one award funded every other year for a total of \$50,000; with a maximum of \$25,000 each year)
- CRN Project Grant (\$30,000 max)

Amount of Funding Requested: \_\_\_\_\_

Sponsoring Institution: \_\_\_\_\_

Institution Administrator (Name and Title): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_