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

Name and title of Principle 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)
- Knowledge Translation Grant (\$20,000 max)

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

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

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

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

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

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

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

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