**GNYAP GRANT APPLICATION**

**Title of Project:** Enter Project Title

**Principal Investigator:** Enter Name of Prosthodontics Student

**Prosthodontic Program:** Enter Program name **PG Graduation Year:** YYYY

**Address of Program:** Enter street address of program

**City:** Enter City **State:** ST **Zip Code:** Zip Code

**Office Telephone:** Enter Office phone **Mobile:** Enter cell phone

**Email (required):** Enter your email or contact person’s email

**Research Advisor:** Enter your Research Advisor’s name

**Advisor Email (required):** Enter Research Advisor’s email

**Acknowledgements (Required)**

[ ]  I accept responsibility to complete and report on the project as detailed
in the description and guidelines of the GNYAP Student Grant Program

[ ]  I agree to provide a summary statement within 24 months of the grant award.

**NOTE: Complete ALL SECTIONS, then PRINT this page,
Sign and Date the application, and obtain the required signatures below.**

**Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Commitment to the Project**

**Program Director:** Enter Program Director’s name
**Email:** Enter Program Director’s email

**Program Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Dean / Institution Director:** Enter Dean / Institutional Director’s name

**Dean / Institution Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Scan this signed page, save as a PDF and send separately.**

**RESEARCH PLAN**

**Specific aims and objectives of the project**

|  |
| --- |
| Describe in no more than 50 words |

**Project background and rationale to include a critical review of the literature and the clinical implications.**

|  |
| --- |
| Describe in no more than 250 words |

**Description and plan of research including specific procedures to be used**

|  |
| --- |
| Describe in no more than 250 words |

**Plan for data analysis (statistical methods)**

|  |
| --- |
| Describe in no more than 50 words |

**Literature references**

|  |
| --- |
| List relevant literature |

**Significance of the proposed project**

|  |
| --- |
| Describe in no more than 50 words |

**BUDGET**

**Budget Details**

**Equipment**

|  |
| --- |
| Describe/List the Equipment |

**Supplies**

|  |
| --- |
| Describe/List the Supplies |

**Contractual Costs**

|  |
| --- |
| Please list |

**Other Expenses**

|  |
| --- |
| Please list |

**TOTAL BUDGET:** Enter total $ amount

**Acknowledgement (Required)**

[ ] I have not submitted for grants from other professional organizations (e.g., Tylman Award -American Academy of Fixed Prosthodontics). Note: industry support is acceptable.

**Industry Support:** [ ] Yes [ ] No

**If Yes:** Please specify here

**PLEASE SAVE as: YOUR last name-GNYAP 2019 (Smith-GNYAP 2019)**