



**Tennessee Physical Therapy Association (TPTA)
Research Committee**

Tennessee Physical Therapy Association Research Grant Application Form

Applicant Name: _____

TPTA Member: ____ Yes ____ No TPTA number: _____

Address: _____

Contact Information:

Telephone number: _____

E-mail address: _____

Principal Investigator: _____

Other Investigator(s): _____

Researcher/Investigator Category (Select One):

- Student Investigator/Researcher
- New Investigator/Researcher
- Experienced Investigatory/Researcher

Grant Category (Select One):

- Seed Money Grant
- Dissemination Grant

Additional Information:

Amount of funds requested (\leq \$1,000): _____

All other funds received: _____



TPTA Research Grant Applicant Checklist:

- Letter of Application (include brief rationale for requested funds)
- TPTA Research Grant Application Form
- Abstract [\leq 500 words, excluding author(s)]
- Evidence of Institutional Review Board Approval
- Itemized Budget
- Dissemination plans (for Seed Money Grants)
- Evidence of Project Acceptance for Dissemination (for Dissemination Grants)
- Submitted prior to application deadline (February 1 for Spring meeting; August 1 for Fall meeting)