

**GREAT LAKES ATHLETIC TRAINERS' ASSOCIATION  
RESEARCH GRANT APPLICATION COVER SHEET**

*This page must be signed (electronically or scanned in) and appear as the first page of the application*

**APPLICANT (PRINCIPAL INVESTIGATOR) INFORMATION**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

NATA Membership # \_\_\_\_\_  
(if applicable): \_\_\_\_\_ BOC Cert # (if applicable): \_\_\_\_\_

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

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

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

**PROPOSAL INFORMATION SECTION**

Title of Project \_\_\_\_\_  
\_\_\_\_\_

Type of Grant:  Professional (\$6,000 max)  Pilot (\$500 max)  
 Master's (\$1,000 max)  Doctoral (\$2,500 max)

Estimated Total Cost of Project \$  Amount Requested \$

**FACULTY ADVISOR (if applicable)**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

**INSTITUTIONAL OFFICIAL SECTION**

*(Administrator responsible for overseeing performance of terms of grant contract)*

Name: \_\_\_\_\_ Credentials \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail: \_\_\_\_\_

**GREAT LAKES ATHLETIC TRAINERS' ASSOCIATION  
POLICY ON DISCLOSURE OF AFFILIATION AND/OR FINANCIAL INTEREST**

*This must be the second page of the grant application packet*

In some cases, those individuals seeking GLATA grants may be affiliated with, or have financial interest in, organizations that may have a direct interest in the subject matter of a grant application. The GLATA must be informed of any such affiliation and/or financial interest on the part of the investigator(s).

The intent of this policy is not to prevent a researcher with an affiliation and/or significant financial interest from receiving grant funds from the GLATA. This policy is intended to identify any affiliation clearly so that committee members may form their own judgments about the circumstances based upon their full awareness of the facts.

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**STATEMENT OF DISCLOSURE**

Name \_\_\_\_\_ Credentials \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Please list (in the box below) any affiliation(s) and/or significant financial interest(s) you have with any organization(s) that might have a direct interest in the subject matter of your grant. (Example: Part Owner, XYZ Athletic Products, Inc.) If you have no such affiliation or financial interest, simply state "None".

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE:** You will not be eligible for GLATA grant funds if this form is not completed and received by the GLATA Research Assistance Committee.