

ISHA Research Grant Application Form

Submission Deadline Date: August 31, 2025

Email Submission to: member@ishasoc.org

Title Page

Date Submitted:	
Principal Investigator Name and Degrees:	
Is the Principal Investigator a member of ISHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Principal Investigator a member of an ISHA Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Name:	
Institution Address (at which the funds will be received):	
Principal Investigator email:	
Principal Investigator phone:	

Project Title:

Funding requested in Year 1:	
Funding requested in Year 2:	
Total funds requested:	

Summary information regarding proposed project:	
1. Participating site(s):	
2. Expected number of subjects:	
3. Expected date (month/year) of ethics approval:	
4. Expected study start date (month/year)	
5. Expected study end date (month/year)	
6. Prior funding for this research project? (List total amount or \$0 if none):	
7. Study collaborators/secondary investigators (full name and role(s)):	
Please provide a summary paragraph describing this project (limit of 2000 characters incl. spaces):	

SIGNATURES:

Name of Principal Investigator (Printed)

Signature of Principal Investigator

Date Signed

Name of Supervising Investigator
(Printed)
**New Investigator Research Grants only*

Signature of Supervising Investigator
**New Investigator Research Grants only*

Date Signed

Name of Grant Administrator at the
Institution (Printed)

Signature of Grant Administrator at
the Institution

Date Signed