**Application for the**

**CoARC George G. Burton, MD Educational Research Scholarship**

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| --- | --- |
| Principal Investigator (PI) name: |  |
| PI role: |
| * PD/DCE
 | * Faculty
 | * Adjunct faculty
 | * Student
 |
| Additional Investigator name: |  |
| Additional Investigator name: |  |
| Additional Investigator name: |  |
| CoARC program name: |  |
| CoARC program number (see <https://coarc.com/students/find-an-accredited-program/>):  |  |
| PI Email: |  |
| PI Phone: |  |
| Project Title: |  |
| Is this project being utilized for any of the following: |
| * Capstone Project
 | * Master’s Thesis
 | * Doctoral Dissertation
 | * None of the above
 |
| Abstract of project plan (not to exceed 200 words); sections should include background, purpose, methods, expected analysis: |
|  |
| Value of project to Respiratory Therapy profession (not to exceed 200 words): |
|  |
| Human or Animal subjects Involved? | * YES (If yes, provide IRB approval letter with application)
 | * NO
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| Dates of proposed project: | Start: | End: |
| Project sites (organizations and addresses where the project will be conducted): |
|  |  |
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Principal Investigator Assurance:

*I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a scholarship is awarded as a result of this application.*

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Name of Principal Investigator (Print)

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Signature of Principal Investigator Date