**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 | |
| 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