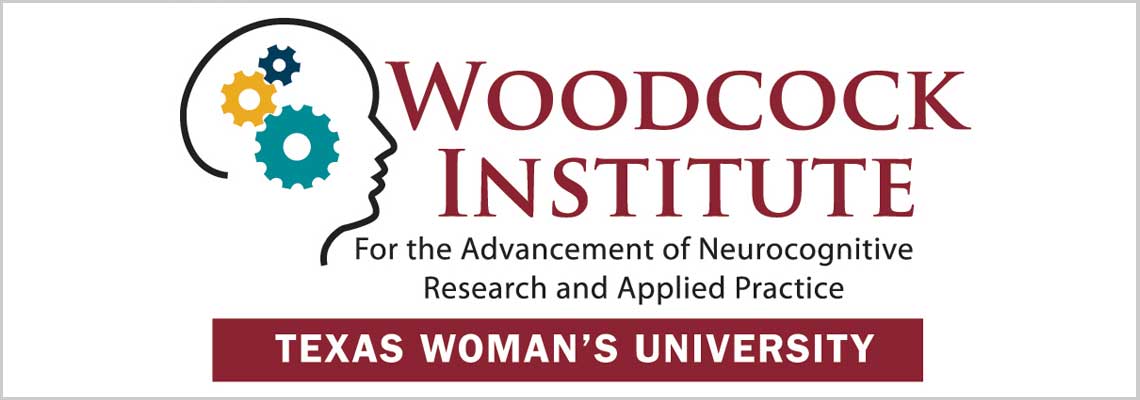
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**The Woodcock Institute for the Advancement of Neurocognitive Research and Applied Practice**

**Research Grant Application**

**1. Primary Researcher Information** *(to be completed by all applicants)*

The Primary Researcher (PR) must have an earned graduate degree in an academic discipline or professional field (e.g., school psychology, clinical psychology, education), or appropriate experience in an educational research profession.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** | | Enter Last Name | | | | | | | **First Name:** | | Enter First Name | | | | | |
| **Highest Educational Degree Attained:** | | | | | | | Enter | **Degree Attained In:** | | | | Enter Degree | | | | |
| **Position/Title:** | | | Enter | | | | | | | | | | | | | |
| **E-Mail Address:** | | | | Enter email address | | | | | | **Phone Number:** | | | | Enter Phone Number | | |
| **University/Organization Affiliation:** | | | | | | Enter Affiliation | | | | | | | | | | |
| **Department (if applicable):** | | | | | Enter Department | | | | | | | | | | | |
| **Street Address:** | | | | Enter Street Address | | | | | | | | | | | | |
| **City:** | Enter City | | | | | | | | | **State:** | | | Enter State | | **ZIP:** | Enter ZIP code |

**2. Co-PI Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** | | Enter Last Name | | | | | | | **First Name:** | | Enter First Name | | | | | |
| **Highest Educational Degree Attained:** | | | | | | | Enter | **Degree Attained In:** | | | | Enter Degree | | | | |
| **Position/Title:** | | | Enter | | | | | | | | | | | | | |
| **E-Mail Address:** | | | | Enter Email Address | | | | | | **Phone Number:** | | | | Enter Phone Number | | |
| **University/Organization Affiliation:** | | | | | | Enter | | | | | | | | | | |
| **Department (if applicable):** | | | | | Enter Department | | | | | | | | | | | |
| **Street Address:** | | | | Enter Street Address | | | | | | | | | | | | |
| **City:** | Enter City | | | | | | | | | **State:** | | | Enter State | | **ZIP:** | Enter ZIP code |

**3. Agency Information** *(to be completed by all applicants)*

Please provide the contact information for the Agency’s Grant Office or Contact Person below.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name of Contact Person:** | | | | | Enter Full Name | | | | | |
| **Position/Title:** | | Enter | | | | | | | | |
| **E-Mail Address:** | | | Enter Email Address | | | **Phone Number:** | | Enter Phone Number | | |
| **Department (if applicable):** | | | | Enter Department | | | | | | |
| **Street Address:** | | | Enter Street Address | | | | | | | |
| **City:** | Enter City | | | | | **State:** | Enter State | | **ZIP:** | Enter ZIP code |

**4. Project Title and Abstract** *(to be completed by all applicants)*

|  |  |  |
| --- | --- | --- |
| **Project Title:** | Enter Project Title | |
| **Abstract:** | |  | |
| Enter Text | | | |

**5. Does your agency have a Human Subjects Institutional Review Board or an Agency-Wide Research Approval Process** *(to be completed by all applicants)****?***

\_\_\_\_\_\_\_\_ Yes (if yes, you will be asked to submit to the Woodcock Institute documentation of IRB approval (if applicable) soon after you have been awarded a research grant.   
\_\_\_\_\_\_\_\_ No (If No, you will be asked to submit an IRB application through Texas Woman’s University before you receive any grant funds).

**6. Please submit a curriculum vitae or resume for each of the principal researchers** *(to be completed by all applicants).*

**7. Please enter your agencies tax ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Agency Approval Signatures**

*Note: Internal TWU applicants must use the Office of Research and Sponsored Programs Signature Routing Slip in addition to this form.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Primary Researcher Primary Researcher’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Co-Primary Researcher Co-Primary Researcher’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Primary Researcher’s Primary Researcher’s Department Date

Department Chair or Immediate Chair or Immediate Supervisor

Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Fiscal Signature of Authorized Fiscal Agent Date

Agent of Agency Agent of Agency