**APPLICATION FORM**

Submit electronically

Oren Shefet, Ph.D.

oren\_shefet@yahoo.com

**Application Due: December 1, 2020**

Primary Researcher(s) Name and Credentials:

Institution:

Address:

Phone:

Email:

Status: Choose one:   Faculty, Center Director,   Counselor/therapist, Student,

Other: \_\_\_\_\_\_\_\_

Secondary Researcher(s) Name and Credentials:

Institution:

Address:

Phone:

Email:

Status: Choose One:   Faculty, Center Director,   Counselor/therapist, Student,

Other: \_\_\_\_\_\_\_\_

Additional Researcher(s) Name and Credentials:

Institution:

Address:

Phone:

Email:

Status: Choose One:   Faculty, Center Director,   Counselor/therapist, Student,

Other: \_\_\_\_\_\_\_\_

**CHOOSE SOURCE OF FUNDING**: (Choose one)   $1000 Grant,   $500 Funded Research

**PRIMARY RESEARCHER ACCA MEMBERSHIP NUMBER:**

***Note****: Your ACCA Membership Number is****required****for your proposal to be considered.*

TITLE OF PROPOSED RESEARCH:

APPROXIMATE TIMELINE of RESEARCH:

Start Date: Completion Date:

Other important timeline dates (participant’s recruitment, data gathering, etc.):

BUDGET (please describe each item If needed, one additional page is allowed):

|  |  |  |
| --- | --- | --- |
| Line Item | Break Down | Total |
| Advertisement |  |  |
| Clerical Support |  |  |
| Compensation of Participants |  |  |
| Conference Expenses |  |  |
| Copy & Printing |  |  |
| Postage |  |  |
| Salaries | Researcher position 1 |  |
|  | Researcher position 2 |  |
|  | Graduate Student |  |
|  | Statistical Consultant |  |
| Telephone/Fax |  |  |
| Non-Conference Travel |  |  |
| Web services |  |  |
| Writing Consultant |  |  |
| Other |  |  |
| Supplies |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL REQUESTED |  |  |