

**IVAPM Research and Scholarship Foundation**

**Grant Application**

**Are you applying for a research grant or education scholarship?**

**If a research grant, proceed to A.**

 **If education scholarship, proceed to B.**

**A: Application for research grant:**

**Researcher(s):**

**\*Provide name, phone number & email address**

**Co-investigator/s (if any):**

**Mentor/s: (if any):**

**Supporting Organization(s) (if any):**

**Total Funds Requested:**

**Itemized Budget: \*Indirect costs will not be funded**

**Project Timeline:**

**Abstract of Proposed Research Project: 250-word limit**

**Significance of Proposed Work:**

**Describe the proposed research in detail including references, especially pertinent references from you and/or your research group:**

**Rationale and Background:**

**Hypothesis:**

**Brief outline of research plan/study design:**

**Preliminary data (if any)**:

**Expected results**:

**Potential impact for recognition, prevention, or treatment of animal pain**:

**PLEASE ATTACH:**

* **Candidate Letter of Intent**
* **Mentor Letter/s (if applicable)**
* **Department Chair Letters are Preferred**

**References:**

**Animal Care & Use (eg, IACUC or specific country equivalent) approval is required for IVAPM-sponsored research unless no live animals will be studied. Studies using cadavers from animals not specifically euthanized for this research and retrospective studies using medical records are examples of studies that may not need oversight.**

**Does your research require Animal Care & Use Approval?**

**[ ]  Yes**

**[ ]  No**

**If no, why not?**

**If yes, please list approval number or date approval is expected.**

**Are you or a member of your research group an IVAPM Member in good standing? *(Preference will be provided to those that are IVAPM Members in good standing)***

**[ ]  Yes**

**[ ]  No**

**B. Application for education scholarship**

**Scholarship candidate: \*Provide name, phone number & email address**

**Mentor/s, Supervisor/s (if applicable):**

**Institution or Conference:**

**Total Funds Requested:**

**Itemized Budget: \*Indirect funds will not be funded**

**Educational Timeline:**

**Describe the proposed education track in detail**

**Potential impact for recognition, prevention, or treatment of animal pain**:

**PLEASE ATTACH:**

* **Candidate Letter of Intent**
* **Mentor Letter/s (if applicable)**
* **Department Chair Letters are Preferred**

**References:**

**Are you or a member of your research group an IVAPM Member in good standing? *(Preference will be provided to those that are IVAPM Members in good standing)***

**[ ]  Yes**

**[ ]  No**