

Pennsylvania Society of Physician Assistants
Research Grant Program Application

Please submit an application containing the following information:

Cover page that includes:

Project Title

Name of Primary Investigator

Name(s) of Co-Investigator(s)

Timeframe of project with start and anticipated end dates

Total funding requested

Description of the project that includes:

Rationale for the project

Goals for the project

Clear description of the project including the plan for implementation

Methods for evaluating the outcomes of the project

Budget:

Line-item budget clearly showing how the funding will be used

Appendix:

References

Charts, figures, graphs – if applicable

Letter(s) of support – optional

Please email your completed document, as a PDF, to Employment Committee Chair Breanne Blake (breanne.westendorf@gmail.com)