AAPA Professional Development Program Grant Proposal

Date of Proposal ______________________

Applicant Name ___________________________________

Applicant Professional Address ______________________________________

____________________________________

_______________________________________

Applicant Telephone Number __________________ E-Mail ___________________

Applicant’s Professional Position/Title _________________________________

Year of Appointment to this Position _____________ Terminal Degree__________

Project Title __________________________________________________________

Does this project require special permissions or ethical approvals? _____________

If so, please explain:

Have all permissions and approvals been obtained? __________ If not, please
explain the time line for receipt thereof (the AAPA cannot make an award if
required permissions/approvals have not been received by grant start date):

Anticipated Beginning Date for Project _________________________________

Applicant Signature _____________________________________________________