

American Psychoanalytic Association
 309 East 49th Street, New York, NY 10017
 212-752-0450; <http://www.apsa.org>

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FUND FOR PSYCHOANALYTIC RESEARCH

1. TITLE OF PROJECT:

2. HMD9`C: `GRANT (please check one box):

Beginning Scholar Pilot Grant Beginning Scholar Consultation Grant
 Beginning Career Support Grant Other (describe): _____

(Any entry in the OTHER category should be approved by the chair of the Fund for Psychoanalytic Research)

A. Funds Requested (U.S. dollars): \$ _____

B. Proposed Start Date: ____/____/____

Proposed End Date: ____/____/____

3. GRANT DOMAIN (For Research Grants, Applicants may check one or more.)

- Outcome Research Process Research Psychoanalytic Research Relating to Mind and Brain
 Psychoanalytic Research Relating to Childhood Conceptual Research

4. APPLICANT INFORMATION (PRINCIPAL INVESTIGATOR)			5A. INSTITUTION ASSUMING FINANCIAL RESPONSIBILITY FOR THE PROJECT		
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			5B. Individual Authorized to Sign for Institution		
E-mail:			Name:		
Fax:			Institutional Title:		
Highest Degree:			Phone:		Fax:
Institution Granting Degree:			E-mail:		
Professional Title:			Signature:		Date: ____/____/____

6. HUMAN SUBJECTS APPROVAL (please check one):

Yes No Pending Date Obtained or Anticipated: ____/____/____

7. Certification of Responsibility by Applicant (Principal Investigator): The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and for the provision of required progress reports if a grant is awarded as the result of this application.

Principal Investigator Signature: _____ **Date** ____/____/____