

American College Counseling Association Research Funding Application 2016/2017

APPLICATION FORM

Submit electronically

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Application Due: December 1, 2016

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.

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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 | | |