

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 _____