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| **Graduate Student Research Grant**  **Submission Checklist** | | |
| **General Information** | | |
| **Title of Project** | |  |
| **Name of Graduate Student** | |  |
| **Email Address of Graduate Student** | |  |
| **University of Graduate Student** | |  |
| **Name of Recommender** | |  |
| **Email Address of Recommender** | |  |
| Where did you hear about this grant?  \_\_ Google search \_\_ ABCT SIG (If yes, which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  \_\_ ABCT listserv or email blast \_\_ ABCT social media (e.g., Twitter, Instagram, Facebook)  \_\_ Faculty advisor \_\_ Another organization (e.g., APA, CUDCUP, SRCD)  (If yes, which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  \_\_ Another student  \_\_ Other (Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |
| Yes | No | Are you currently an ABCT student member or willing to become an ABCT student member by the time of the convention if you win this award (or honorable mention)? |
|  |  | Are you currently enrolled as a full-time graduate student? |
|  |  | Are you in good standing? |
| ABCT is taking seriously the charge to be diverse, inclusive, accessible, and representative in all ABCT-sponsored programs. To that end, we are requesting that grant applicants identify the demographic information below, to the extent they are comfortable and would like to share these details. The information collected will be shared with the Research Facilitation Committee who are responsible for reviewing the application materials. The statistics of our grant award program will be shared with the ABCT Board of Directors and membership without reference to individuals but the program in general.  Do you identify coming from a background that is historically or contemporarily disadvantaged, minoritized, and/or under-represented in research (examples include, but are not limited to: race/ethnicity, sexual/gender minority status, disability status, immigration status, first generation college student)?  \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Prefer not to identify  Optional: If yes, please tell us more about how you identify. If you wish, feel free to also let us know how your identity marker(s) is/are particularly salient to your research and professional career: | | |
| **Funding Information** | | |
| Please describe your current academic funding. In other words, how are *you* supported?  \_\_ My program does not provide funding support for students  \_\_ Teaching position (teaching assistant, course instructor)  \_\_ Research assistantship (e.g., paid role on a faculty project)  Please describe:  \_\_ External grant funding (e.g., F31, T32)  Please describe:  \_\_ University fellowship  Please indicate your school and the name of the fellowship:  \_\_ Other, please describe: | | |
| Yes | No | Does your funding source listed above provide any financial support to conduct your proposed project? If yes, please provide details in the Justification of Need section of the application. |
|  |  | Have you received any funding (internal or external) to conduct the proposed project? If yes, please describe why the funds obtained are not sufficient in the Justification of Need section. |
|  |  | Is your advisor currently funded by a federal grant? |
|  |  | Is your advisor’s research currently funded by other external or internal resources? |
| **Submission Information** | | |
| Yes | No | Have you created a PDF with required materials in the following order (this checklist, abstract, research strategy (Significance, Innovation, Approach, Justification of need), Budget, Other Support document? |
|  |  | Have you ensured that your Abstract and Research Strategy are masked for review (i.e., no identifying information is provided)? |
|  |  | Have you arranged for your faculty advisor to send in a Letter of Support and their Other Support document? |