



International College
of Prosthodontists

Education and Research Foundation

ADVANCEMENT OF SCHOLARSHIP
AND
EDUCATION

APPLICATION FORM

Education Grants Program

Application Form

1.0 GENERAL

Date:

Name of Applicant:

Address:

Suburb/City:

State:

Post Code:

Country:

Date of Birth:

Contact Phone Number:

E-mail Address:

Appointment/Faculty/University:

Academic Qualifications:

Brief Biographical Details: (Attach additional sheet if required)

2.0 PROPOSED EDUCATION GRANT INFORMATION

2.1 Title of proposed Education Program:

2.2 Summary of the history of the Program:

2.3 Learning objectives of the Proposed Education Program:

2.4 Why do you consider them important?

2.5 Detailed description of the Proposed Education Program

(A description of the materials, methods to be used and if appropriate statistical procedures)

2.6 Where is the work to be undertaken?

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2.7 How many hours per week will the applicant devote to the program?

2.8 Names of other investigators associated with the program

(Give names, appointments, academic qualifications, and number of hours per week to be devoted to the program)

2.9 What technical and other staff will be available to assist with the program?

2.10 Date of commencement of the Proposed Education Program:

2.11 Expected date of completion of the Proposed Education Program:

2.12 Funds previously granted for this program:

3.0 EDUCATION GRANT BUDGET

(On an attached page, please provide an overall budget for program to include the following details)

3.1 Salaries:

3.2 Contract Services:

3.3 Equipment and Apparatus:

3.4 Consumables:

3.5 Other:

3.6 Explanatory Notes on Budget:

4.0 OTHER EDUCATION PROGRAMMES BEING UNDERTAKEN BY THE APPLICANT:

5.0 SUMMARY OF THE HISTORY OF THE PROGRAM:

6.0 TARGET AUDIENCE:

7.0 IF THIS PROGRAM, OR A SUBSTANTIALLY SIMILAR PROGRAM HAS BEEN RUN BEFORE, PARTICIPANT FEEDBACK IN THE FORM OF ANONYMOUS SURVEY PARTICIPANT RESPONSES RELATING TO THE LEARNING OBJECTIVES OF THE PROGRAM SHOULD BE SUBMITTED FOR REVIEW.

8.0 RESUME OF EXISTING KNOWLEDGE IN THE FIELD OF THE EDUCATION

(Include bibliography – no more than 10 key references)

9.0 LIST OF PUBLICATIONS BY APPLICANT

Notes:

Please feel free to add an attachment to this application for additional details, noting the related item number.

Applicants must be ICP members (student members are not eligible).

Award decisions depend upon sufficient information being provided. Criteria for assessing applications may include justification of education, education objectives, applicant's familiarity with the relevant literature, relevance of program for the ICP, methods to be used, proposed dates and amount of time required, appropriate justification of all budget items including roles and qualifications of proposed education assistants.

Please note that the review process may lead to adjustment of funding amounts based on the review process adjudication of scientific merit and budget justification.

Forward the application to:

Chairman

ICP Education and Education Committee

ICP@icp-org.com C/O RES Inc., 4425 Cass Street, San Diego CA 92109 USA