



Research Funding Application

Our goal is to make evidence accessible to providers and facilitate more contributions to pediatric research. In order to reward funds for your proposed project, individuals must be collaborating with a research mentor, be a Council on Chiropractic Pediatrics member in good standing and complete the application below:

Title: _____

Outline/Purpose: _____

Objective(s): _____

Timeline: _____

Funding Required: _____

Funding Requesting: _____

Project Leader (required to be a Council on Chiropractic Pediatrics member in good standing)

Name: _____

Phone Number: _____

Email Address: _____

(Responsible for providing the council with monthly updates via email to the Research Committee for publication in the quarterly council newsletter)

Research Mentor: _____

Name: _____

Phone Number: _____

Email Address: _____

Conflicts of Interest: _____

Contact to complete W-9

Name: _____

Phone Number: _____

Email Address: _____

Additional Individuals/Groups Involved: _____

Additional Comments:

Submit your application and/or questions to the Pediatrics Council Research Committee Chair, Dr. Jessie L. Young (drjessieyoung@gmail.com).

I certify that the information provided herein is complete and accurate. I understand that my application is subject to ACA Council on Chiropractic Pediatrics approval.

Signature: _____ Date: _____