

REQUEST FOR FUNDING

Standard 6 of the CODA Accreditation Standards for Orthodontics and Dentofacial Orthopedics requires every resident/student to "...initiate and complete a research project...". In furtherance of this requirement, I am requesting financial support from FORCE, Foundation for Orthodontic Research and Continuing Education. The funds, if granted, will be used solely for the purpose of fulfilling this research requirement in order to obtain my specialty certification.

Name:	 	Date:	
I am currently in the [] 1st Name of Program:		dontic training	
Title of Project:	 		
Abstract of Project:			
	 		
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Summary of Methods and Materials:

MAXIMUM AMOUNT OF GRANT: Currently, the maximum amount of funding for any one project is \$500.00. FORCE requires that the requested funding relate to costs expected to be associated with the project as elaborated in the summary of methods and materials section of this application. Please indicate below how /what you expect the funds to be used for.

METHOD TO SECURE FUNDING: Once you are notified that funding has been granted, that notification will serve as a binding pledge by FORCE to reimburse you for actual expenses incurred up to the maximum grant amount. All FORCE requires is originals of your actual receipts to receive reimbursement.

ACKNOWLEDGMENT: If I receive the requested funding, upon completion of my project, I agree to provide FORCE with a digital copy of my research project and grant permission for them to distribute a copy to the Fellows who comprise FORCE's Practice Based Research Network of Practitioners.

Signature of Program Director:	
Printed Name of Program Director:	-
Signature of Resident / Student:	
Funding, if granted should be sent to:	
Name:	
Address:	
	-
	-
Resident's email address:	
Phone://	
*************	**********
DETERMINATION:	
[] FORCE will proudly support your project as per	
[] FORCE unfortunately cannot support your proje	ct
Barbara Jerrold, Treasurer	