



GRANT FOR RESIDENT RESEARCH

DEADLINE FOR APPLICATION:

Rolling

To be completed by Program Directors or Department Heads

The Foundation for Endodontics exists to support research and education in the specialty of endodontics. To demonstrate this commitment, up to \$500 is available for each incoming resident at every endodontic program to fund activities related to research. The funding is payable on a one-time basis. If this funding is applied to a research project that is submitted to via the Research and Scientific Affairs Committee, \$500 will be deducted from the funding recommended by the Research and Scientific Affairs Committee.

The money can be used for the following activities:

- To fund an individual resident’s research project;
- Applied to a competitive research grant submitted through the Research and Scientific Affairs Committee;
- For travel to a meeting to present research;
- For travel to a Board Review Course;
- For other activities related to research;

To apply, complete the information below. One check will be remitted with the total funding for the program. The Summary Report (following page) is due one year from the date that the funding was received. This fillable PDF should be completed electronically and emailed to the development coordinator.

Application Information:

Institution: _____

Applicant Name (Program Director): _____

Professional Title: _____

Number Residents: _____ Total Amount Requested (\$500/resident): _____

Resident Name	Project title	Funds Will be Applied to the Following Activities
1.		
2.		
3.		
4.		
5.		

6.		
7.		
8.		
9.		
10.		
11.		
12.		

Return this form with the any necessary attachments, to:
Development Coordinator
211 E. Chicago Ave., Suite 1100, Chicago, IL 60611-2691
Fax: 866/451-9020 (North America) or 312/266-7255 (International)
Email: ncarpenter@aae.org



foundation for endodontics

SUMMARY REPORT

The Summary Report (following page) is due one year from the date that the funding was received. This fillable PDF should be completed electronically and emailed to the development coordinator.

Institution: _____

Applicant Name (Program Director): _____

Professional Title: _____

Resident Name	Project title	Competition Date	Published/Presented List publication or meeting
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

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