

Application

AMERICAN ART THERAPY ASSOCIATION RESEARCH AWARD

The deadline for receipt of reports and applications is the close of business on April 1.

Name _____
Address _____
City _____ State/Province _____
Zip/Postal code _____ Country _____
Home phone _____ e-mail address _____
AATA membership type _____ Membership no. _____

PRINCIPAL INVESTIGATOR (if other than applicant)

Name _____ Title _____

Address (include city, state/province, zip/postal code, country)

INSTITUTION(S) WHERE PROJECT WAS COMPLETED (attach sheet if needed)

Name _____ Department _____

Address (include city, state/province, zip/postal code, country)

PUBLICATION: Has this research been accepted for publication?

If yes, where? _____

Planned date of publication _____ Vol. no., if available _____

By entering my name below, I attest to the accuracy of the above information:

SIGNATURE _____ DATE _____

Please send completed application and your research report in electronic format to:

Donna Kaiser at donna.h.kaiser@gmail.com