



International Optometric Honor Society
Beta Sigma Kappa
Biblia Sunergoi Koinonia

Student Research Grant Proposal

Please complete the following sections in five (5) pages or less, and forward eight (8) copies to Beta Sigma Kappa by 5:00PM (CST) April 10 (or the next business day if April 10 falls on a weekend). Questions may be addressed to Todd Fleischer, Executive Director of Beta Sigma Kappa, at the office address below. Applications may be submitted electronically as a pdf.

- I. SCHOOL/COLLEGE OF OPTOMETRY
- II. PROJECT TITLE
- III. STATEMENT OF RESEARCH PLAN
 - a. Statement of Problem
 - b. Experimental Design
 - c. Institutional and other resources available
 - d. Relevance of Problem to optometry or vision science
 - e. Plans for publication
 - f. Time table
- IV. BUDGET
- V. REQUESTED SUPPORT FROM BETA SIGMA KAPPA
 - a. State the amount of grant request
 - b. Describe/Itemize the costs comprised in this amount
 - c. Justification for equipment, supplies and other expenses if not already clearly stated in section III.
- VI. DOCUMENTATION (*Please use the following page*)
 - a. Signature and typed name of the faculty advisor for this project.
 - b. Signature and typed name of the dean/president of the student's school/college of optometry.

Beta Sigma Kappa Central World Council
Todd Fleischer, Executive Director
Mailing Address: PO Box 5886, Topeka, KS 66605
If using UPS/DHL/FedEx: 4311 SE Illinois Avenue, Topeka, KS 66609
(785) 640-3026
FAX (785) 267-3148
bsktodd@sbcglobal.net



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Student Research Grant Application Form

If human subjects will be involved in this study, the signature(s) below attest that the researchers will follow the tenets of the Declaration of Helsinki and that informed consent will be obtained from the subjects are explanation of the nature and possible consequences of the study.

This research project was approved by an appropriate Institutional Review Board (RB)?

Yes No

Date Submitted: _____

Applicants:

1. _____ 1. _____
(Name Typed) Signature

Mailing Address: _____
E-Mail Address _____ Phone _____

2. _____ 2. _____
(Name Typed) Signature

Mailing Address: _____
E-Mail Address _____ Phone _____

3. _____ 3. _____
(Name Typed) Signature

Mailing Address: _____
E-Mail Address _____ Phone _____

Faculty Advisor:

(Name Typed)

(Signature)

Dean/President

(Name Typed)
1. _____
(Signature)

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