



Research Grant Application

Contact Information

Please print in English

Contact: First Name _____ Last Name _____

Email _____

Address _____

City _____ State _____ Zip/Postal _____

Country _____ Mobile/Cell # _____

Budget Amount Requested \$ _____ University _____

Topic Name _____

Required Attachments

Please include with your application ALL of the following information in English:

- Proposal to include the following:**
 - Brief Introduction to study topic
 - Purpose of Study
 - Research questions/hypothesis
 - Significance of study
 - Methods
 - Budget
 - References
 - **DO NOT INCLUDE YOUR NAME ON THE PROPOSAL, FOR ANONYMITY IN JUDGING.**

- Criteria for Evaluation:**
 - Is the purpose clearly stated?
 - Is the purpose relevant?
 - Will the study add to the dental hygiene body of knowledge?
 - Is the research design appropriate to answer the research questions/test the hypothesis?
 - Is the budget feasible?

For More Information, contact: Clare Karpinski: coordinator@IFDH.org

Send Completed Application and Proposal to:

The International Federation of Dental Hygienists
100 South Washington Street, Rockville MD 20850, USA

Or send via email to: coordinator@IFDH.org