



Application form

Complete this form to submit the following:

- Funding applications including scholarships, fellowships, and grants
- Interim and final grant reports – must include contact information, program name, and an attachment
- Nominations
- Letters of recommendation

Need help completing this form?
Please call APF at 202-336-5984

(All fields are required unless marked otherwise.)

Contact Information

Prefix: *(optional)* First Name: Last Name: Suffix: *(optional)*

Position Title OR Year in Grad School: Organization:

Address 1:

Address 2: *(optional)*

Address 3: *(optional)*

City: State/Province/Region:

Zip Code: Country:

E-mail Address:

Primary Phone: Country Code: *(optional)*

Alternate Phone: Country Code: *(optional)*

Text box (longer length to accommodate university names)

Mixed text and numbers – must be able to accommodate formats such as 2nd year

Mixed text and numbers – must accept special characters

Must accept numbers and special characters

Any phone format typed into this field should programmatically resolve into the format we want – it shouldn't matter whether the user types in 234-5678 or 2345678 or 234 5678 or 234.5678

Submission information

Type of Submission:

Program submitting application to:

Where did you hear about this APF program: *(optional)*

Does your institution require IRB approval for this project?
(Successful applicants have up to 6 months to obtain IRB approval)

Yes (Please attach approval letter below)

No (Please explain):

Appears only if "grant application" is selected for "Type of Submission"

Attachments

Please note: At least one attachment is required (.doc and .pdf formats only)

Attachment 1:

Attachment 2:

Personal Information

Gender: *(optional)*

With which group(s) do you most identify? *(optional)*

White (not of Hispanic origin)

Black (not of Hispanic origin)

Hispanic or Latino

American Indian or Alaskan Native

Asian

Native Hawaiian or other Pacific Islander

Other:

Review and Submit

[Cancel and return to previous page](#)



American Psychological Foundation

Transforming the Future Through Psychology

Display only the fields that have been completed on the form.
Labels with no corresponding entries should be displayed.

Please review your information

Name: Mr. John Smith Sr.
Title: Postdoctoral Research Assistant
Organization: State University of New York, Buffalo

Address 1: 53 Frank St.
City: Buffalo
State: New York
Zip: 14222
Country: USA

E-mail: vharris@buff.edu
Primary Phone: 716-345-6789
Country Code: 111
Alternate Phone: 716-456-7890
Country Code: 111

Type of submission: Application
Program submitting application to: Henry David Travel Grant
Where did you hear about this APF program?: Website
Does your institution require IRB approval for this project?: No

Attachment 1: Vanessa_Harris_CV.doc

Gender: Female
With which groups do you most identify?: White

Submit

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Make a Difference – Donate Now

Complete this form to donate to APF.

Prefer to donate by mail?

Download a [printable version](#) of our donation form. [Other ways to donate](#)

Need help completing this form?
Please call APF at 202-336-5843

(All fields are required unless marked otherwise.)

Contact Information

Prefix: *(optional)* First Name: Last Name: Suffix: *(optional)*

Position Title: Organization:

Address 1:

Address 2: *(optional)*

Need three address fields

Mixed text and numbers – must accept special characters

City: State/Province/Region:

Zip Code: Country: USA

Must accept numbers and special characters

E-mail Address:

Phone: Country Code: *(optional)*
 216-234-5678

Any phone format typed into this field should programmatically resolve into the format we want – it shouldn't matter whether the user types in 234-5678 or 2345678 or 234 5678 or 234.5678.

APA Membership #: *(optional)*

Donation Information

Donation Amount:
 \$1000.00
 \$500.00
 \$250.00
 \$100.00
 Other (Please specify):

Please apply my donation to my current pledge amount

Please indicate the APF Fund or Scholarship where you would like your donation credited, if applicable: *(optional)*

My gift is: *(optional)*
 In memory of:
 In honor of:

Please send an acknowledgement card to: *(optional)*

First Name: Last Name:

Address:

Need three address fields

Mixed text and numbers – must accept special characters

City: State/Province/Region:

Zip Code: Country: USA

Must accept numbers and special characters

Additional Information

Please send me more information: *(optional)*

- On planned giving to APF
- I have remembered APF in my estate plans and I would like to join the APF legacy club
- Making gifts of stock

All donations made to APF are tax deductible to the fullest extent allowed by law.

Submit to enter credit card information

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American Psychological Foundation

Transforming the Future Through Psychology

Display only the fields that have been completed on the form.
Labels with no corresponding entries should be displayed.

Please review your information

Name: Mrs. Vanessa Harris
 Title: Postdoctoral Research Assistant
 Organization: State University of New York, Buffalo

Address 1: 53 Frank St.
 City: Buffalo
 State: New York
 Zip: 14222
 Country: USA

E-mail: vharris@buff.edu
 Phone: 716-345-6789
 Country code: 101
 APA Membership #: 74746519

Donation Amount: \$100.00
 Please apply my donation to my current pledge amount: Yes
 Please indicate the APF Fund or Scholarship where you would like your donation credited: Pearson Early Career Grant

My gift is in memory of: Robert Smith
 Please send an acknowledgement card to:
 Name: Mary Smith
 Address 1: 40 Foxnest Rd.
 City: Fairfax
 State: Virginia
 Zip: 22030
 Country: USA

Credit Card Type: Visa
 Card Number: xxxx xxxx xxxx 4111
 Name on Card: Vanessa Harris
 Security Code: 123
 Expiration Date: 8/2014

Billing Address:
 Name: Mrs. Vanessa Harris
 Address 1: 121 Woodburn Ave.
 City: Annandale
 State: Virginia
 Zip: 22003
 Country: USA

Please send me more information on: Planned giving to APF

Submit

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