

**APPLICATION FOR WRITING/RELEASE TIME FUNDING FROM
“THE CONTROL RESEARCH FOUNDATION”
AT THE ORANGE COUNTY COMMUNITY FOUNDATION**

TO WRITING GRANT APPLICANTS

If you are interested in any of these topics, please submit an abstract of the topic related to Control Therapy: Theory, Research, Practice, that you wish to write about (less than 500 words), and in what format (e.g., book chapter, journal review article, monograph, etc.). Please indicate, where appropriate, the relative emphasis on Control Therapy: Theory, Research, Practice and how your writing will build on previous work on Control Theory and Therapy and build bridges with other theories and therapeutic approaches.

Guidelines/Application

To be eligible for this funding, an applicant must hold an advanced degree and have an academic appointment at an accredited college or university; and/or be a licensed health care professional. The applicant must show in the application their knowledge of and familiarity with Control Therapy. (Resources are available for download at no charge on this website including the Control Therapy book; the Control Research Training Manual; the SCI manual, Control Therapy: "The Last Lecture."

Proposals may be for an edited book, a book chapter in a textbook, or a review article intended for journal publication. Proposals may also include conference proceedings related to Control Therapy that will be published in book format.

Funds will be paid to the institution on behalf of the scholar to his or her academic institution. The foundation's guidelines stipulate that no indirect costs (e.g. for institutional overhead) will be paid.

Refer to the Grant Guidelines below for further information.

Cover page should be formatted as follows:

NAME: _____

UNIVERSITY: _____

DEPARTMENT: _____

PROFESSIONAL YEAR OF STUDY OR EMPLOYMENT (e.g., 4th year graduate student, post-doctoral fellow, junior faculty, midlevel faculty, senior faculty): _____

PROPOSED PROJECT TITLE: _____

PROPOSED START DATE: _____

PROPOSED COMPLETION DATE: _____

APPLICANT'S SIGNATURE: _____

ADVISOR/SUPERVISOR/CHAIR'S SIGNATURE: _____
(If appropriate))

INSTITUTIONAL APPROVAL SIGNATURE: _____

Please submit signed cover sheet, application and two-page Vitae to grants@oc-cf.org
