**2025 CESERT PYRAMID GRANT APPLICATION
Title Page
(Please attach this is as the first page of your pdf.)**

**Proposal Title:**

**Grant Category and Disbursement Information.**  **(check one)**

\_\_\_ Gold level grants (10) - $500 USD each

\_\_\_ Diamond level grants (2) - $2,500 USD each

\_\_\_ Platinum level grant (1) - $10,000 USD each

\_\_\_ Giant Robot grants (2) $25,000 USD each.

**Principal Investigator’s name:**

Address:

Hospital and/or university affiliation:

ASE affiliation:

Phone number:

E-mail address:

**If not an ASE member, include information of an ASE member that will be a Co-investigator:**

**Co-Investigator/Contact Info (name, email, phone number)**

**Are you also submitting this proposal for an ASE research grant or APDS grant?**

**Please click on either box to answer:** [ ]  **Yes** [ ]  **No**

[ ]  **Please click this checkbox to certify that you have checked with your institution or department’s grant office and they have approved this application if applicable. Inaccurate information about your grant office’s requirements may result in forfeiture of any awarded grant funding.**

**Grant Disbursement Information**If awarded, Grant payment check should be made out to: (Institution Name)

Primary Grant Office Contact for Correspondence:

Grants Office Contact Mailing Address:

Grants Office Phone:

Grants Office Email: