

First, Last Name, Credentials				
Email professional	Email personal			
PROJECT TITLE				
AFFILIATION NAME, ADDRESS				
 Is this project part of a thesis? [] No [] Yes If yes, check relevant box: [] DNP thesis [] PhD thesis [] Master's thesis If NO, briefly describe the purpose of your project 				
2. Please note your experience by checking the relevant boxes				
		ed in a quality improveme	ent study	
[] Conducted a research study		d a quality improvement s		
Presented a poster at a scientific meeting [] Published an article				
[] Applied for grant funding	ing [] Received grant funding			
[] Research Assistant	[] Study Coc	rdinator		
[] Other				
3. What support do you need to complete this project?[] Mentorship	[] Additiona	l funding beyond this grar	nt	
 Have you previously received an ENS Research Grant If yes, what year(s) 	[]No [])	/es		
5. ENS member since year	[] New mem	ber (2-year membership	dues enclosed)	
If this proposal is funded, I agree to:				
1. Complete the project within 2 years				
2. Maintain my ENS membership during the funding period				
3. Submit a quarterly progress report to ENS during the funding period				
Present my work at the ENS annual meeting using my grant funds				
5. Acknowledge ENS when presenting and/or publishing any aspect of the research project				
Name: Signature:		Date:		
NOTE:				
 The funding (\$2,500) is for a period of 2 years payable by live check in two halves, the second half upon presenting your research data at the ENS meeting 				
 Funds are to be used to collect data and manage the research project, fund travel and accommodation costs to present the data at the ENS meeting 				
Accounting/reconciliation of grant funds is not necessary				
APPLICATION PROCESS: see website for details www.endo-nurses.org/nursing research grant				
Grant proposal (maximum 3 pages including references). Include absti	act, purpose, background	l, methodology, project	
budget, timeline for completion				
 CV, or expanded documentation of projects, and/or public 	olications			
 Submit to 'endocrinenurses@gmail.com' 				
 Submission deadlines March 1st for June meeting, July 1st for Fall meeting 				
Admin Only: Received:		Applicant contacted by	Deter	
Reviewed by: [] Approved [] Denie	d Date:	Applicant contacted by: 1 st Check #	Date: \$ Date:	
Reviewed by: [] Approved [] Denie		2 nd Check #	\$ Date:	
Reviewed by: [] Approved [] Denie				