

ARKANSAS NURSES FOUNDATION (ArNF) GRANT APPLICATION FORM

Name _____ Date _____
 Home Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ Cell/Pager _____ Fax _____
 Email _____

EDUCATIONAL PREPARATION (all nursing programs attended)

Name & Location of Institution	Major	Degree

WORK EXPERIENCE (list three; start with most recent)

Position	Place	Dates

RESEARCH EXPERIENCE (list three; start with most recent)

Study Title	Institution or organization	Dates

ACHIEVEMENTS (memberships, awards, manuscripts, publications, etc. and dates; must attach one page resume)

CURRENT/PROPOSED RESEARCH STUDY FOR WHICH FUNDING IS SOUGHT

Title	Design and Methodology	Timeline	Budget Summary

Statement of approval from an Institutional Review Board (IRB, or equivalent body) governing ethical treatment of human and/or animal subjects in a research study (must be attached to application form).

I have read the requirements concerning the award of this research grant, and I agree to abide by the stipulations.

 Signature Printed name Date _____

The amounts of research grants vary and are awarded at the discretion of the ArNF officers and ArNF Scholarship Committee members. Research grants are awarded without regard to race, sex, religion, age, sexual orientation, or national origin. The ArNF Scholarship Committee reserves the right not to award a research grant if applicants are not considered qualified. Research grants are awarded once each year.