



SCHOOL OF NURSING RESEARCH COMPETITION APPLICATION COVER PAGE

APPLICATION DATE: _____

A: APPLICATION COVER PAGE

1. AWARD FOR WHICH YOU ARE APPLYING (MARK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> MEN'S DEPRESSION & SUICIDE NETWORK FUND | <input type="checkbox"/> LOGAN M. FINDLAY FUND |
| <input type="checkbox"/> HELEN SHORE NURSING ENDOWMENT FUND | <input type="checkbox"/> SHEENA DAVIDSON NURSING RESEARCH FUND |
| <input type="checkbox"/> LYLE CREELMAN ENDOWMENT FUND | <input type="checkbox"/> KATHERINE MCMILLAN DIRECTOR'S DISCRETIONARY FUND |
| <input type="checkbox"/> OTHER: _____ | |

2. TITLE OF PROJECT

3. PRINCIPAL INVESTIGATOR - SURNAME, GIVEN NAME(S)

4. CO-INVESTIGATOR OR SUPERVISOR'S SURNAME, GIVEN NAME(S)

5. MAIL ADDRESS FOR CORRESPONDENCE: CHECK ONE PRINCIPAL INVESTIGATOR CO-INVESTIGATOR

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

6. LAY ABSTRACT – DO NOT EXCEED 150 WORDS

IF PART OF MASTER'S/DOCTORAL PROGRAM, CHECK HERE TO CONFIRM PROJECT HAS BEEN APPROVED BY YOUR COMMITTEE

7. HUMAN ETHICS (CHECK ONE)

- APPLIED FOR (CERTIFICATE TO FOLLOW)
- RECEIVED-CERTIFICATE # _____ (ATTACHED)

8. PROJECT PERIOD

FROM _____ THROUGH TO _____

9. TOTAL BUDGET REQUESTED \$ _____

STUDENTS/POSTDOCS: WILL BE AWARDED AN INTERNAL RESEARCH AWARD FACULTY: WILL BE AWARDED A RESEARCH GRANT

10. SIGNATURE OF APPLICANT(S)
