

SISTER M. CANISIA GERLACH NURSING RESEARCH
GRANT APPLICATION FORM

Please type or print clearly

Name:

Title:

Specialty Area:

Title of Proposal:

Mailing Address:

Telephone Number:

FAX Number:

Email Address:

Agreement: If my proposal is approved for funding, I agree:

1. To assume responsibility for conducting this research according to scientific and ethical procedure.
2. To use awarded funds for only this proposal, and to return any excess funds.
3. To complete this research within one year of funding.
4. To decline duplicate funding.
5. To present findings of the research during the Nurse's week activities in 2010.

Signature:

Date:

Co-Investigators:

Name:

Title:

Attach additional sheets if necessary

Please return form to:
Karen Korem
Geriatric Care
karen.r.korem@osfhealthcare.org