



NRIG

Nursing Research Interest Group

Nursing Research Interest Group 2024 Conference Grant Awards Application Form

Personal Information

Surname:

Given Name:

Mailing Address:

Phone: (w)

(h)

Email:

RNAO Registration #:

Number of years of membership in NRIG:

Previous recipient of an NRIG scholarship award or research grant: No Yes (year)

Please indicate if you identify as BIPOC:

I understand that if I am awarded, I must submit a 60 second video clip describing my project for the RNAO NRIG Annual General Meeting. Yes/No

Conference Information

Name of Conference:

Location of Conference:

Are you a presenter at this conference? No _____ Yes (Oral) _____ Yes (Poster) _____

Date of Conference:

Have you received any other funding for this conference? No _____ Yes _____

Your status: MN Student _____ PhD Student _____ Novice Researcher (< 5 years experience) _____

CONFERENCE GOAL SUMMARY AND EXPENSES (please attach together with application form)

- 300 words, please indicate your professional goals for attending or presenting at this conference.
- Total amount of conference funding requested (attach an outline of estimated expenses).

I certify that all information contained in this application is true and accurate.

Signature _____ Date:

Send completed application to: NRIG.awards@gmail.com