



NRIG

Nursing Research Interest Group

Nursing Research Interest Group 2024 Innovation and Dissemination Grant Application Form

Principal Applicant Information

Surname:

Given Name:

Mailing Address:

Phone:

Email:

Position:

Employer:

CNO Registration #:

RNAO Registration #:

Number of years of membership in NRIG (or indicate new member status):

If my application is successful, I will agree to maintain my NRIG membership for a minimum of two years. Yes/No

If my application is successful, I will agree to acknowledge support received from NRIG (including information on how to join NRIG) on project deliverables (e.g., at proposed event, on developed materials) Yes/No

Previous recipient of an NRIG award? Yes/No (If yes, year received :)

I understand that to be considered for this grant, I must be ineligible for other NRIG research grants. Yes/No

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

Name and Position of Organizational Support Person/Mentor:

1. Name

Position

If successful, would you like additional mentorship from an NRIG member to support your project? Yes/No

Name and Position of Co-Applicant(s) (if applicable):

1. Name

Position

Project Information

Title of Project:

Anticipated (or actual) starting date:

Have you received funds from other sources for this project? No Yes

If yes, amount received:

Source of funding:



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Please direct any **questions** to: nrig.membership@gmail.com

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