**Nursing Research Interest Group**

**2025 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](mailto:NRIG.awards@gmail.com)