



Applicant Checklist: Please submit the following items together to ensure a *complete* application:

- Application**
- Personal Statement (maximum 500 words)**
- Articles, Publications, Books**
- Awards or Accolades**
- Three Letters of Recommendation**

I. PERSONAL INFORMATION

NAME: _____

EMAIL: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: (please give the address of
an individual that can always contact you)

TELEPHONE: _____
(current)

(permanent)

SEX: () MALE
() FEMALE

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

II. CURRENT EMPLOYMENT

Current Place of Employment: _____

Address: _____

Current Title: _____ Number of years in this position: _____

Responsibilities: _____

Supervisor's Name: _____ Supervisor's Telephone Number: _____

III. PREVIOUS EMPLOYMENT INFORMATION

LIST YOUR LAST THREE (3) POSITIONS OF EMPLOYMENT:

| Employer | Address | Dates | Title: |
|----------|---------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IV. EDUCATIONAL BACKGROUND:

LIST HIGH SCHOOLS, COLLEGES, UNIVERSITIES, AND GRADUATE SCHOOLS ATTENDED; MOST CURRENT FIRST.

| Institution | Location | Major | GPA | Dates Attended |
|-------------|----------|-------|-------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

LIST NURSING COURSES CURRENTLY ENROLLED IN: _____

LIST HONORS, AWARDS, OR OTHER RECOGNITION FOR SCHOLASTIC ACHIEVEMENT.

HAVE YOU, AT ANY TIME PRIOR TO THIS APPLICATION, RECEIVED A NURSING SCHOLARSHIP OR NURSING FELLOWSHIP FROM ANY EDUCATIONAL INSTITUTION? IF SO, LIST NAME OF SCHOOL, TYPE OF SCHOLARSHIP, AND THE AMOUNT.

| Institution | Location | Type of Award | Name of Award | Amount |
|-------------|----------|---------------|---------------|--------|
| | | | | |
| | | | | |

V. CITIZENSHIP

ARE YOU A U.S. CITIZEN? () YES () NO

ARE YOU A U.S. PERMANENT RESIDENT? () YES () NO

VI. ADDITIONAL APPLICATION INFORMATION

1. LIST NAMES, POSITIONS, AND ADDRESSES OF THREE INDIVIDUALS (AT LEAST TWO OF WHOM ARE FAMILIAR WITH YOUR WORK) WHO WILL WRITE TO ASRN EVALUATING YOUR ABILITY TO CONDUCT SUCCESSFUL RESEARCH. PLEASE INCLUDE THE RECOMMENDATIONS WITH YOUR APPLICATION IN SEPARATE, SEALED ENVELOPES. IF INDIVIDUALS WRITING YOUR RECOMMENDATIONS PREFER, THEY MAY SEND STATEMENTS DIRECTLY TO **ASRN BUT NO LATER THAN JANUARY 20, 2007.**

2. PROVIDE COPIE OF ANY ARTICLES, PUBLICATIONS, OR BOOKS OR OTHER INFORMATION RELATED TO YOUR RESEARCH.

3. PROVIDE COPIES OF ANY HONORS, AWARDS OR ACCOLADES THAT YOU MAY HAVE RECEIVED.

VII. BRIEF ESSAY

PLEASE SUBMIT A PERSONAL STATEMENT, NOT TO EXCEED 500 WORDS, ON ANY SUBJECT WHICH DEMONSTRATES TO THE SELECTION COMMITTEE WHY YOU SHOULD RECEIVE THIS ASRN PRESIDENTIAL RESEARCH GRANT.

Application, Personal Statement, Publications, Awards and Letters of Reference should be sent in one packet to:



American Society
of Registered Nurses

Richard Walker,
President

2007 ASRN Presidential Research Grant-I
American Society of Registered Nurses
1001 Bridgeway, Suite 411
Sausalito, CA 94965

Deadline: January 20, 2007