



**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-II  
American Society of Registered Nurses  
1001 Bridgeway, Suite 411  
Sausalito, CA 94965

**Deadline: January 20, 2007**