

## ILSPAN Research Grant Application

Please type the responses and provide specifics to demonstrate details of your research. Please be clear and concise.

Name of person(s) submitting application:

Contact person:

Address:

Telephone Number:

ASPAN membership number:

Email address:

Name of Research:

Has your research project gone before the IRB and been approved?

Describe the objective of the research project; include an abstract, purpose statement.

Provide a summary of the project including literature review, method of your research and expected outcomes:

Describe the benefits of the project for perianesthesia nursing:

Describe amount requested and how the grant funding would be used:

If awarded the grant I agree to:

- Update the BOD of the progress of the project prior to quarterly board meetings.
- Provide a written report of the research project to be published in the ILSPAN newsletter.
- Apply for a poster and/or oral presentation at ASPAN's National Conference

I agree to the above stipulations

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(Your typed name signifies your signature)