

**NURSE EDUCATORS OF ILLINOIS
FACULTY RESEARCH SUPPORT AWARD
APPLICATION**

Name of Faculty Researcher:

Permanent Address:

City:

State:

Zip:

Email address:

Telephone number:

Name of Nursing Program:

Is program NLNAC or CCNE accredited? Yes No

*Is program a member of NEI? Yes No

*Is applicant a member of NEI? Yes No

NOTE: Eligibility for this award *requires* that either the applicant or the applicant's program be a NEI member. Application is available:

www.neionline.org

In support of this application for an NEI Faculty Research Support award I have attached the following:

1. Curriculum Vitae, including current faculty position.
2. A descriptive overview of the proposed research including:
 - a. An introduction to the study topic.
 - b. The significance of the study to Clinical Nursing and/or Nursing Education.
 - c. A brief description the proposed methodology.
 - d. Amount of funding requested (\$1,000.00 maximum) and description of proposed budget.
3. Affirmation of membership in the Nurse Educators of Illinois.

If awarded research grant I agree to:

1. Acknowledge NEI funding support in final reports and publications.
2. Submit Annual Progress Report to NEI Board of Directors.
3. Present research findings to NEI membership.

If I am a recipient of this award, I hereby grant permission for my name to be posted on the NEI website.

Yes No

Signature and Title of Applicant

Date

Please return by April 29, 2011, to: Award Committee * Nurse Educators of Illinois *
Beth-Anne_Christopher@rush.edu