**TAPAN RESEARCH GRANT APPLICATION**

Name of applicant:

Contact person:

Address:

Telephone number:

ASPAN membership number:

Email address:

Title of Research:

Has your research project been submitted to the IRB?

Has it been approved by the IRB?

**Describe the objective of the research project; include an abstract and 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 how the grant funding would be used:**

**Projected date of completion:**

If awarded the grant I agree to:

* Update the Board of Directors on the progress of the project prior to the Spring and Fall board meetings.
* Submit an article summarizing the research to the Eyeopener editor for publication.
* Submit an abstract for a poster presentation at a perianesthesia nursing conference.

I agree to the above stipulations.

(Electronic Signature)