



P.O. Box 244471  
Anchorage, AK 99524-4471

**ALASKA NURSES FOUNDATION (AaNF)  
GENERAL NURSING FUND  
RESEARCH PROJECT GRANT  
Awards Announcement**

- Amount Awarded:** From \$500 to \$1000 per successful application
- Timeline:** Applications must be postmarked no later than September 25th.  
Funds will be awarded in December.
- Purpose:** To award to Alaska Nurses funding to enable the conduct of research projects relevant to nursing practice. Preference will be given to research projects of particular relevance to Alaska.
- General Criteria:**
1. Must be a member of either the Alaska Nurses Association (AaNA) or the Alaska Public Health Association (ALPHA) (documented by a copy of current membership card or by an official of the organization).
  2. Must be a member of the Alaska Nurses Foundation.
  3. Must be currently employed as a Nurse in Alaska or have been employed as a Nurse in Alaska within the past five years (documented by letter from current or former employer).
  4. Must not have received an award within the past two years.
  5. Proposed research must have received approval to proceed from a formal Institutional Review Board affiliated with an educational institution or health facility.
  6. Applicant must provide evidence of their qualifications to carry out the proposed research; in the case of graduate students, the name and contact information of the faculty member who is supervising their work must be provided.

**Application with all attachments must be e-mailed to [ehmph@aol.com](mailto:ehmph@aol.com) and must be received by September 25th. Membership application & fee should be mailed to Alaska Nurses Foundation, P. O. Box 244471, Anchorage, AK 99524-4471 with postmark of September 25th of the application year.**

**ALASKA NURSES FOUNDATION (AaNF)  
GENERAL NURSING FUND  
RESEARCH GRANT APPLICATION  
GRANT APPLICATION**

**Name of applicant:** \_\_\_\_\_ **AK RN license number:** \_\_\_\_\_

*(If a team of individuals is applying for this grant, list primary applicant or team leader first, followed by the names of all team members; the primary applicant must be a Registered Nurse in Alaska.) (If the applicant is a student, the name of the faculty member serving as supervisor of their research should be provided, along with contact information.)*

**Other team members** (if applicable):

**Supervisor of student research** (if applicable): \_\_\_\_\_

Phone number of supervisor: \_\_\_\_\_

**For the primary applicant:**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**FAX Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

*Attach proof of membership in either the Alaska Nurses Association or the Alaska Public Health Association (i.e., submit a copy of current membership card in either organization). In addition to membership in either AaNA or ALPHA, qualified applicants must be current members of the Alaska Nurses Foundation; applicants may join the Foundation at the time the grant application is submitted by completing the attached membership form and paying annual dues of \$20.*

**Grant Proposal Checklist**

- Application Cover Sheet with completed Checklist \_\_\_\_\_
- Completed application \_\_\_\_\_
- Documentation of qualifications or name of supervisor \_\_\_\_\_
- Proof of IRB approval \_\_\_\_\_
- Proof of membership in AaNA or ALPHA \_\_\_\_\_
- Proof of RN Employment currently or within past five years \_\_\_\_\_
- AaNF Membership Application and Dues (if needed) \_\_\_\_\_

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**ALASKA NURSES FOUNDATION  
Application for Membership**

**Individual Membership**

Individual Member	\$20.00	_____
Sustaining Member	\$50.00	_____
Nurse Memorial Plaque		_____

**TOTAL** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

If Memorial Plaque contribution made, list name & information about individual being memorialized (examples below):

Christina Mumma, RN, PhD  
UAA Professor of Nursing

Mia McDermott, RN, NNP

Joyce Pospisil  
Mother of Debbie

\_\_\_\_\_  
\_\_\_\_\_

**ALASKA NURSES FOUNDATION  
RESEARCH PROJECT GRANT APPLICATION**

**Title of Proposed Project:** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

**NOTE:** Applicants for research project funds must **attach documentation** of having received approval of the proposed research by a Human Subjects Research Committee.

**Abstract of Proposed Research Project:** In 250 words or less, describe your research goals (research questions posed or hypotheses to be tested), outline your proposed methods, and explain why the research is relevant to public health nursing practice.

General Nursing Grants – Research Grant

**Title of Proposed Project:** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

**Qualifications of all members of the research team** (including research supervisor if the applicant is a student):

List all members of the research team (including the primary applicant), along with their qualifications to participate in this research. If this research is being conducted as part of a thesis project in a degree program, list the names and qualification of the thesis committee members.

Name of Team Member	Credentials	Other Relevant Qualifications
<u>Primary Applicant</u>		

**Planned Timeline for Completion:** Describe the activities that you will carry out in completing this research and the timing of completing those activities; if you have already completed some of the activities, indicate that the step has been completed.

Activity	Specific Activities in Your Project	Anticipated Completion
<b>Complete Literature Review</b>		
<b>Recruit Research Participants</b>		
<b>Collect Data</b>		
<b>Analyze Data</b>		
<b>Complete Study (formulate conclusions)</b>		
<b>Disseminate Results</b>		



**ALASKA NURSES FOUNDATION  
RESEARCH GRANT  
CRITERIA FOR EVALUATING PROPOSALS**

**For your information, the criteria by which your proposal will be evaluated, include the following:**

**REQUIRED ELEMENTS:**

- |   |           |
|---|-----------|
| Proof of active membership in AaNA or ALPHA         | Yes _____ |
| Proof of membership in the Alaska Nurses Foundation | Yes _____ |
| Verification of work as a Nurse in the past 5 years | Yes _____ |
| Application postmarked on time                      | Yes _____ |

(A no answer to any of the above disqualifies applicant).

**SPECIFIC ELEMENTS:**

	<b>Maximum Score</b>	<b>Applicant actual score</b>
Abstract of project describes specific relevance to nursing practice	25	_____
Research methodology	25	_____
Qualifications of principal investigator	25	_____
Budget is reasonable and budget narrative clearly outlines use of funds	25	_____
Total	100	_____