

**TRISERVICE NURSING RESEARCH PROGRAM
GRANT APPLICATION COVER SHEET**
(Please type or print)

Principal Investigator:

Rank:

_____ *(Last, First, Middle initial)*

Branch of Service and Component:

<input type="checkbox"/> ARMY	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> GUARD	<input type="checkbox"/> RETIRED
<input type="checkbox"/> NAVY	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RESERVE		<input type="checkbox"/> RETIRED
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RESERVE	<input type="checkbox"/> GUARD	<input type="checkbox"/> RETIRED

HOME ADDRESS

Phone:

FAX:

E-mail:

MILITARY ASSIGNMENT

Position Title:

Duty Station/Unit:

Address:

DSN:

Commercial:

FAX:

E-mail:

CIVILIAN POSITION (if applicable):

Position Title:

Address:

Phone:

FAX:

E-mail:

Preferred Contact Address/Phone/FAX/E-mail (check one): Home Military
 Civilian

Nursing Specialty (check all that apply):

ICU Med-Surg OR Pediatric OB GYN Psych

Nursing Administration Community Health Other specify) _____

Category of award for this application (check one):

- Research Fellow Award
- Evidence-Based Practice

Identify the type of research study:

- Quantitative
- Qualitative
- Mixed

Identify the main research priority that is investigated in this proposal.
(see FY 2008 Call for Proposals Part III “Research Priorities”) **Please check one item for Primary (Required) and one item for Secondary Priority Areas (if appropriate).**

Primary Research Priority Area: (Required)

- Military Deployment -
- Translating Knowledge & Research Findings into Practice in a Military Context -
- Applying Research Findings to Practice in a Military Context -
- Recruitment & Retention of the Military Nurse Workforce -
- Developing & Sustaining Military Nursing Competencies -

Secondary Research Priority Area:

- Military Deployment -
- Translating Knowledge & Research Findings into Practice in a Military Context -
- Applying Research Findings to Practice in a Military Context -
- Recruitment & Retention of the Military Nurse Workforce -
- Developing & Sustaining Military Nursing Competencies -
- Other (please specify) -

Identify 3 key words relating to the proposal. (Required)

(You MUST use the [CRISP Thesaurus](http://crisp.cit.nih.gov/Thesaurus/index.htm) for key words. The thesaurus is on the Web at: <http://crisp.cit.nih.gov/Thesaurus/index.htm>.)

1.
2.
3.

Study Population (check all that apply):

- | | | |
|------------------------------------|------------------------------------|-----------------------------------|
| <u>Active Duty</u> | <u>Reserve</u> | <u>Beneficiaries</u> |
| <input type="checkbox"/> ARMY | <input type="checkbox"/> ARMY | <input type="checkbox"/> Spouses |
| <input type="checkbox"/> NAVY | <input type="checkbox"/> NAVY | <input type="checkbox"/> Children |
| <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> MARINES | <input type="checkbox"/> GUARD | <input type="checkbox"/> Elderly |

Is this application a revision of a previously submitted application? Yes No
Indicate the year of application and title of project:

Year	Title

Have you applied as a Principal Investigator for TSNRP support in the past? Yes No

Indicate the year of application, title of project, proposal number (e.g., N96-100) and whether or not project was funded. *Attach list if additional space is needed*;

YEAR	TITLE	Proposal Number	Funded? (Yes/No)

PIs previously funded by TSNRP must report dissemination efforts related to each of their TSNRP-funded studies on attached pages. For each presentation report: Presentation Title, Type (e.g., poster/podium/other), Author Name, Venue (e.g., Conference Name), Date, Location (City, State/Country). For each publication report: Type (e.g., Journal, Newsletter, Policy Paper), Author Line, Publication Title, Source Title, and Date. Provide full journal citations (if applicable), using APA format. Provide publication status (e.g., published, in review, or in press). Arrange your dissemination efforts by TSNRP study number.

Have you participated in TSNRP's grant writing workshop? ___ Yes ___ No

Have you participated in other grant writing workshops? ___ Yes ___ No
If yes, please list below.

Date	METHOD OF LEARNING	Location (if workshop)

Have you participated in TSNRP's Post-Award Workshop? ___ Yes ___ No
If yes, please provide dates and location.

Date	Location

How and when did you first learn of TSNRP funding opportunities? -

I certify that the information above is accurate to the best of my knowledge. -

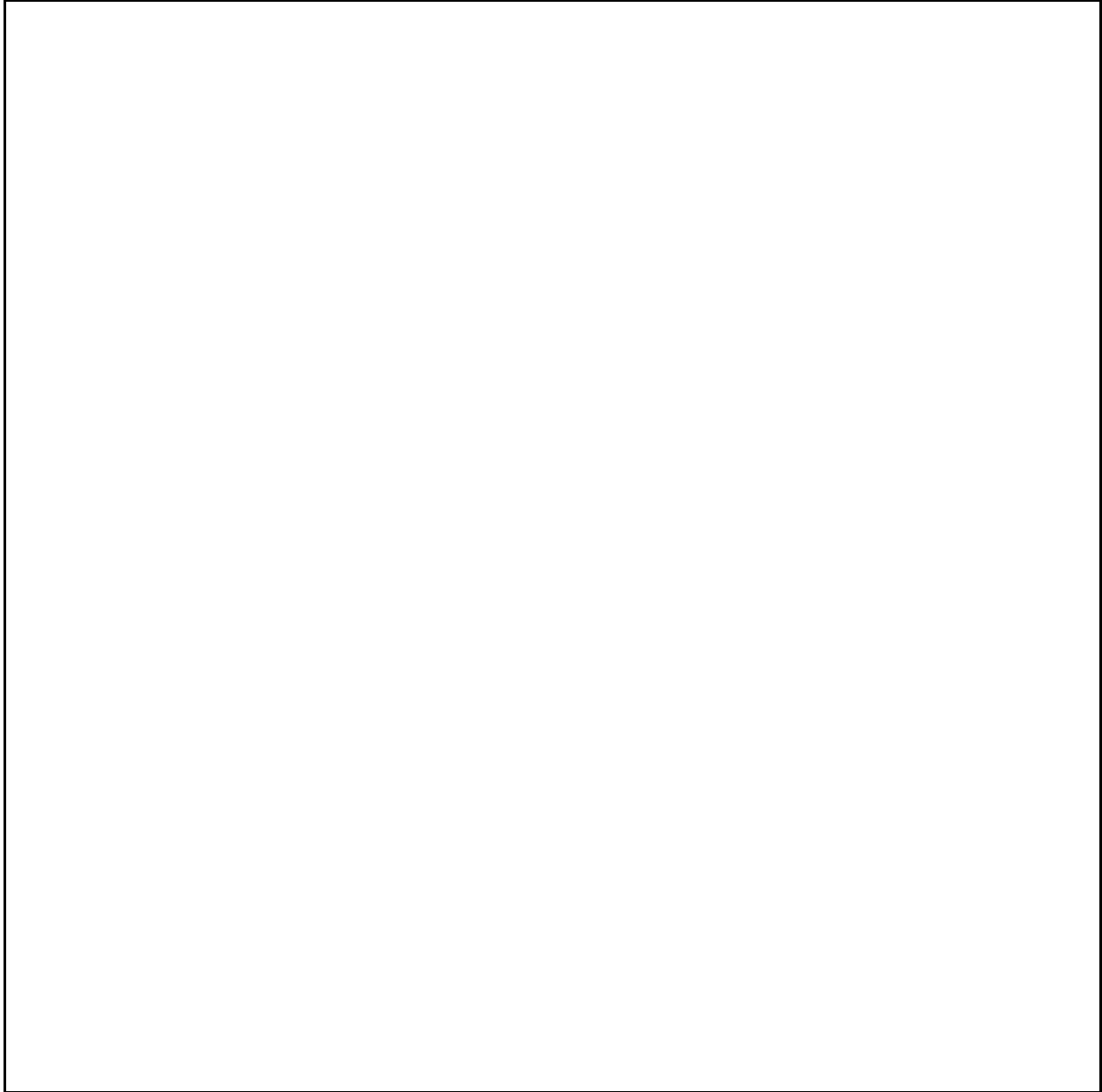
Signature -

TRISERVICE NURSING RESEARCH PROGRAM

RELEVANCE TO MILITARY NURSING

DIRECTIONS: In the space provided below, please state the relevance of the proposed research to military nursing and how the research will expand the body of military scientific knowledge or military nursing practice.

DO NOT EXCEED THIS SPACE.

A large, empty rectangular box with a black border, intended for the respondent to write their answer to the directions. The box is currently blank.