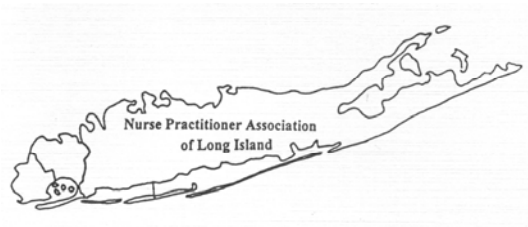


Nurse Practitioner Association of Long Island, Inc.

RESEARCH GRANT APPLICATION

NPALI Research Committee Use Only:
Date Received: _____ Reviewer: _____

Grant Category: **NP STUDENT RESEARCH**

Title of Research Proposal: _____

_____

Applicant Name: _____ Credentials: _____

Contact Address: _____

Contact Phone: _____ E-Mail: _____ Fax: _____

RN License #: _____ NP Specialty: _____ NP Certification #: _____

NPALI Member Type: _____ NPALI Member #: _____

Program Type (MS, MSN, Post-Master's, DNP, Other): _____

Program College / University: _____ Program Chair / Dean: _____

Program Address: _____

Research Mentor: _____ Phone: _____

Program Anticipated Completion Date: _____ Total Program Credits: _____

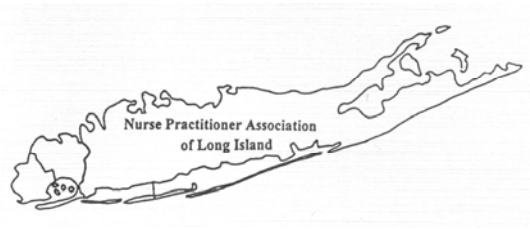
Number of Credits Completed to Date: _____ GPA to Date: _____

I certify that the above information is accurate. I understand that the Nurse Practitioner Association of Long Island, Inc., will use the above information strictly for the Grant application process only and the information will not be given to anyone else or other third parties.

APPLICANT SIGNATURE: _____ **DATE:** _____

Application to be submitted to :

Chair, Research Committee
Nurse Practitioner Association of Long Island, Inc.
373 Nesconset Highway, #210
Hauppauge, NY 11788



Nurse Practitioner Association of Long Island, Inc.

RESEARCH GRANT APPLICATION

GRANT APPLICATION CHECKLIST

Initial	I CERTIFY THAT….
	I am a current member of the NPALI, Inc. and NPA NYS
	I understand that incompleted applications will not be reviewed
	I have included three completed and signed copies of the Research Grant Application and Grant Application Checklist
	I have included three completed and signed copies of my current CV or Resume
	I have included three completed and signed copies of the Grant Proposal
	I have included one copy of an official transcript that includes all completed coursework at the time of the Grant application
	I have included three copies of my letter of support from my research mentor on university letterhead

APPLICANT SIGNATURE: _____ **DATE:** _____

Application to be submitted to :

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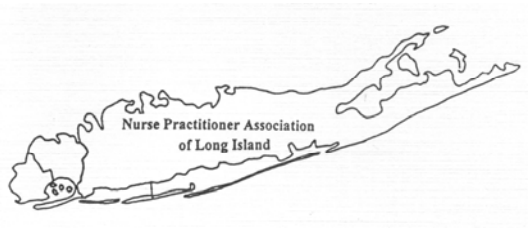
Nurse Practitioner Association of Long Island, Inc.
373 Nesconset Highway, #210
Hauppauge, NY 11788



Nurse Practitioner Association of Long Island, Inc.

RESEARCH GRANT APPLICATION

GRANT PROPOSAL GUIDELINES

1. **Title Page**
2. **Abstract: Brief summary of the proposed research (limited to 250 words, single spaced)**
3. **Narrative: Maximum of ten pages (double-spaced), 1 inch margins, font size 12, Times New Roman. Narrative to include:**
    - **Purpose of research**
    - **Research questions / hypotheses**
    - **Significance of research / Background**
    - **Methodology of research (design, sample, measures / instruments, procedures, data analysis, human subjects protection)**
    - **Timetable for research**
    - **Budget (Limited to one page with specific costs and rationale for Grant funds use)**
4. **References (APA style)**
5. **Appendices (Supporting documents)**

Application to be submitted to :

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Hauppauge, NY 11788