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**Patricia Averill Krapohl Women’s Reproductive Health Grant**

Thank you for your application for *the Patricia Averill Krapohl Women’s Reproductive Health Nursing Grant.* The aim is to support students who are seeking to advance their education or research that is focused on women’s reproductive health. Funds may be used to support projects such as the recruitment of project participants (e.g., offering gift cards), purchasing access to data, software, study materials. Funds may also support conference attendance to enhance recipient’s knowledge on women’s health or to disseminate scholarly work. Awards are available up to $500. ***Award applications are due by February 1 each year.***

**Name:**

**Email:**

**Phone:**

**Program & expected graduation date (check one & list date)**

🗆 **BSN** 🗆 **DNP**

🗆 **MSN** 🗆 **PhD**

**Faculty project leader, mentor, or advisor name:**

**Please attach the following documents to your application:**

* Resume or CV (doc, docx, or pdf)
* Budget Form (see page 2)
* Statement of purpose to address the following (500-1000 Words):
	+ Purpose and goals of the proposed project or experience
	+ Description of activities involved in the project or experience
	+ How does the project focused on women’s reproductive health?
	+ Who will benefit from your work?
	+ How will you share the results of your project or experience?

**FUNDING AGREEMENT:**

*Please initial statements #1 and #2 below and add signature and date.*

1. \_\_\_\_ The information included in this application is correct to the best of my knowledge

2. \_\_\_\_ If I am approved for an award, I understand that I must use the funds for the budget items submitted or contact the Rho Chapter board for revision of budget.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty project leader, mentor, or advisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the budget form on page 2.**

**BUDGET FOR FORM FOR** **KRAPOHL WOMEN’S HEALTH SCHOLARSHIP**

**Student name:**

**Email:**

**PROPOSED BUDGET**

**List each proposed or actual expense on a separate line. Add lines as needed. Be sure that items listed match with description of your project or experience on page 1. Expenses up to $500 will be funded.**

|  |  |
| --- | --- |
| **Item** | **Estimated cost** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| **TOTAL** | **$** |

***Send completed application and budget form to Rho Chapter Administrative Assistant***

Mary DeBardeleben (marydp@med.umich.edu)

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