



## GRANT APPLICATION

### I: Applicant Information

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

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Is your Center/ Institution a part of the Jeffrey Modell Centers Network?  Yes  No

### II: Conference Information

Conference Name: \_\_\_\_\_

Conference Date: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Conference Website: \_\_\_\_\_

Current Position:  Registered Nurse  Physician Assistant  
 Nurse Practitioner  Other: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Max. \$1,500 USD for int'l travel  
\$1,000 USD for domestic travel.

Budget Description: The Jeffrey Modell Foundation is pleased to reimburse the lowest available cost of one round-trip advance purchase economy ticket. Please include travel and name of hotel and cost per night. Please indicate components in USD \$.

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



**III: Conference Description**

Reason for Request: Please describe the conference and the benefits you will seek from attending including:  
Sessions of interest and anticipated use of information from the meeting.

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**IV: File Attachments**

CV/ Bio: Attach File

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Detailed Budget & Justification: Attach File  
*Optional*

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**V: Applicant Certification and Acceptance**

Applicants will receive a response from WINRN within 14–21 days of receipt of the completed application.  
By signing this application, I certify that all information provided is accurate and complete to the best of my knowledge. If awarded, I agree to adhere to the terms and conditions of the grant and to acknowledge the Jeffrey Modell Foundation in all related materials and publications.  
My signature below confirms my acceptance of these terms.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_