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**Application for Grant Review Committee**

**of the**

**Agnes Marshall Walker Foundation for 2018**

(This application should be submitted electronically by sending to info@amwf.org
no later than 5 PM CT on May 22, 2018)

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

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

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Years in Nursing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Completion Checklist** (all applications must be typed)**:**

* Review Grant AMWF Review Committee Candidate Guidelines
* Application and demographics (pg. 2)
* Curriculum Vitae

**AMWF Grant Review Committee Application** (cont’d)

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| Credentials: [ ]  APN[ ]  APRN[ ]  CCRN[ ]  CMSRN[ ]  CNRN[ ]  CRRN[ ]  CRNP[ ]  FAAN[ ]  FAHA[ ]  FNP-C[ ]  LPN[ ]  NEA-BC[ ]  SCRN[ ]  Other:  | Highest Degree Earned: [ ]  ADN[ ]  BN[ ]  BSN or equivalent[ ]  DNP[ ]  MEd[ ]  MS[ ]  MSN[ ]  PhD[ ]  PhD Nursing[ ]  Other:  |
| Primary Patient Population:[ ]  Adult[ ]  Geriatrics[ ]  Mixed[ ]  Neonatal[ ]  Pediatrics[ ]  Other:  | Primary Specialty Area: [ ]  Epilepsy[ ]  Geriatrics[ ]  Movement Disorders[ ]  Neuromuscular[ ]  Neuro-Oncology[ ]  Neurotrauma[ ]  Pediatrics[ ]  Spine[ ]  Stroke[ ]  Other:  |
| Primary Responsibility:[ ]  Administrator[ ]  Clinical Care[ ]  Industry/Commercial[ ]  Instructor[ ]  Medical-Surgical[ ]  Outpatient[ ]  Perioperative[ ]  Research[ ]  Other:  |  |

**Do you have experience reviewing grant applications and/or award applications? If yes, please explain:**