

Carl M. Hansen Foundation Scholarship Request

PLEASE FILL OUT THIS FORM COMPLETELY

To be considered for an award, please submit this form to the College of Nursing Associate Dean for Research, Dr. Julie Postma at jpostma@wsu.edu. If requesting funds for travel, you do not need to include receipts, but you should provide estimated amounts for your travel costs. Further instructions will be given upon award.

A. Applicant Information

Date (mm/dd/yyyy):

First Name:

Last Name:

Program of study:

PHD

DNP

Request date:

Year:

Semester:

Fall

Spring

Summer

B. Request

Please choose the link below that corresponds with the purpose of your request. You will then be re-directed to the section you need to complete:

1. [Support to attend conference to disseminate your results.](#)
2. [Support for expenses related to completing your research or project.](#) (Requests for this type of support are very limited and should not be related to the cost of conducting your study.)

1. Support Attending a Conference

a. Provide the full name of the conference or meeting you will be attending:

b. Please specify type and title for presentation.

Type

Citations for presentations using APA format

Poster

Podium

c. Abstract/Summary

Please provide the abstract or summary that was submitted to the organization.

2. Support for expenses related to completing your research or project that will lead to your ability to disseminate your findings. Funding requests of this type are the exception as the Hansen Foundation has earmarked this scholarship to support students with the dissemination of their findings. Please explain:

C. Other Information

(If there is other information you feel is pertinent to this request, enter here. Please be brief.)

D. ESTIMATION OF COSTS

Car rental or mileage \$

Parking..... \$

Airfare \$

Lodging \$

Meals \$

Conference registration \$

Non-travel related expenses (Please specify):

1. \$

2. \$

3. \$

Estimate of total costs: \$ _____

Administrative Action

Award Outcome:

Approved

Denied

Amount Approved:

Budget Number:

Approved by:

Additional Notes: