



*Instructions:*

*Complete this application fully and mail to: IOMSN, 3 University Plaza Drive, Suite 116, Hackensack, NJ 07601 or fax to 862-772-7275.*

***ATTN: Fellowship Awards***

**DEMOGRAPHIC SECTION:**

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

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

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers:

Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Home: \_\_\_\_\_

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

Are you a current member of IOMSN or an Affiliate (Australia, Italy, UK, Finland, AASCIN)?

Yes  No

If yes, how long have you been a member? \_\_\_\_\_

Are you active in an IOMSN committee?  Yes  No

Which committee? \_\_\_\_\_

**FELLOWSHIP AWARD SECTION:**

Why are you requesting the fellowship award?

- Funding for MS Nurses Certification Examination \*
- Funding for an Education Meeting or a Conference \*  
(If you are presenting a paper or a poster please attach an abstract.)
- Other (please explain) \*

***\* Upon completion of your proposed use of funds, we will require a one paragraph report of the outcome along with the original receipts of your expenses. If the full grant is not expended, the appropriate amount must be returned to IOMSN.***

Provide a brief paragraph describing why you are applying for this fellowship award. Include a budget, including your expenses for airfare, hotel, conference, registration fee, etc.

Please attach a letter of recommendation.

Signature \_\_\_\_\_

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

***I certify that I will not receive funding for this proposal from other sources.***