

Grant Application

Name of Applicant: _____

Current Title of Applicant: _____

Name of Institution: _____

Address: _____

Telephone/Fax Number: _____

Email Address: _____

Conference Name: _____

Conference Date: _____

Conference Location: _____

Conference Website: _____

Your current position:

- Registered Nurse**
- Nurse Practitioner**
- Physician Assistant**
- Other**

Amount Requested \$ _____

(Maximum \$1,500 USD for international travel; \$1,000 USD for domestic travel.)

(Please see budget request on next page)

Grant Application

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

Budget - Please include travel (The Jeffrey Modell Foundation is pleased to reimburse the lowest available cost of one round-trip advance purchase economy ticket), name of hotel and cost per night, and registration fee if applicable. Please indicate components in US\$.

Application Information:

1. **winRN** offers grants for nurses to travel to important conferences that highlight Primary Immunodeficiencies throughout the world.
2. Responses will be sent out by **winRN** within 14-21 days from receipt of application.
3. Send your application by email to win@jmfworld.org or fax to 212-764-4180.
4. For inquiries please e-mail: win@jmfworld.org

Name (please print)

Signature

Date