LOIS FRELS RESEARCH AWARD APPLICATION FORM

Name:	Credentials:
Address:	
Phone: Personal Wo	ork
E-mail:	
Job Title/position:	
Employer Address:	
Employer Address.	
NASN/IASN Membership Number:	
NASN/IASN Membership Number: University Highest Degree Held: University	sity/College:
For Students:	
University attending:	
Degree program:	
Anticipated graduation date:	
Faculty Advisor:	
Title of Research:	
Date of Completion:	
Co-Researcher (if any):	
Co-Researcher Address:	
Co-Researcher Phone: Home	work
Co-Researcher e-mail:	
*Attach the required resume and report of com	pleted research
Signature of Applicant	Date
	
Signature of Co-Applicant	Date