



**Faculty of Nursing Provisions of In-Kind / Supplementary / Matching Funding for  
 Research Grants and Student Awards**

**REQUEST APPLICATION FORM**

**DEADLINE: Minimum one month before required date for confirmation of funding**

**Submit complete application forms to:**  
[nursing.research@ualberta.ca](mailto:nursing.research@ualberta.ca)

*Direct questions to:*

Research and Funding Support Coordinator  
 5-168 Edmonton Clinic Health Academy, University of Alberta  
 11405 87 Avenue, Edmonton, AB T6G 1C9  
 Telephone: (780) 492-6832  
 Email: [nursing.research@ualberta.ca](mailto:nursing.research@ualberta.ca)

<b>APPLICANT NAME: Surname, First Name, Initial(s)</b>	
<b>COMPLETE MAILING ADDRESS:</b>	<b>CONTACT INFORMATION:</b>
	Telephone:
	Email:
<b>FUNDING OPPORTUNITY FOR WHICH MATCHING FUNDS ARE REQUIRED:</b>	
URL (If applicable):	
<b>PROJECT TITLE:</b>	
<b>APPLICATION DEADLINE:</b>	<b>AMOUNT REQUESTED:</b>
<b>TOTAL BUDGET ASK:</b>	<b>AMOUNT TO UOFA:</b>
<b>FUNDING START DATE (MM/YYYY):</b>	<b>FUNDING DURATION:</b>
<b>APPLICANT'S ROLE ON APPLICATION:</b>	
<input type="checkbox"/> Principal Investigator <input type="checkbox"/> Co-Principal Investigator <input type="checkbox"/> Lead <input type="checkbox"/> Supervisor	

**Have you previously received matching funds from the Faculty of Nursing?**

Yes       No

**If yes, provide the project number (i.e. RES#):**

**Name of funding agency:**

**Name of program:**

**PURPOSE FOR MATCHING FUNDS:**

*Please describe the purpose for which matching funding is required (i.e. student salary, etc.). Do not exceed the space provided.*