

# Rehabilitation Nursing Foundation Summary Data Form

*Please type or print clearly*

**Title of Proposal**

**Name and credentials of Principal Investigator**

**Amount of funding requested**

**If awarded, grant funds should be dispersed to**

Institution or Agency  
Federal Id #

Individual Researcher  
Social Security #

*Please check the check box to indicate your preferred mailing address.*

**Home Address**

City State Zip Code

**Home Telephone Number**

**Place of Employment**

**Address**

City State Zip Code

**Work Telephone Number**

**Email Address**

**Professional Title**

**Licensed registered nurse numbers and states**

**Institution where research will be conducted**

**Address**

**Name and title of administrative officer of the institution**

**Institution Telephone Number**

**Name and credentials of co-investigator(s) *if applicable***