****

**Carri & Scott Polick Fund: Advancing Health Equity and Social Justice**

Thank you for your application for the *Carri & Scott Polick Fund: Advancing Health Equity and Social Justice.* The aim is to support students who are advancing health equity and social justice via their nursing science, research, quality improvement, and innovation projects. Funds may be used to support recruitment of project participants (e.g., offering gift cards), purchasing access to data, software, study materials, travel money for engaging with the community, and/or to disseminate the work. Awards are available up to $500. ***Award applications are due by December 31 each year.***

**Name:**

**Email:**

**Phone (mobile) :**

**Program & expected graduation date (check one & list date)**

🗆**BSN** 🗆**DNP**

🗆 **MS** 🗆 **PhD**

**Faculty project leader, mentor, or advisor name:**

**Please attach the following documents to your application:**

* Resume or CV (doc, docx, or pdf)
* Budget Form (Download form from Rho Grants page)
* Statement of purpose to address the following (500-1000 Words):
	+ Purpose and goals of the proposed project or experience
	+ Description of activities involved in the project or experience
	+ How the project advances health equity or social justice. Who will benefit from your work.
	+ How you will share the results of your project or experience
	+ Budget form (see page 2)

**FUNDING AGREEMENT:**

*Please initial statements #1 and #2 below and add signature and date.*

1. \_\_\_\_ The information included in this application is correct to the best of my knowledge

2. \_\_\_\_ If I am approved for an award, I understand that I must use the funds for the budget items submitted or contact the Rho Chapter board for revision of budget.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty project leader, mentor, or advisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete the budget form on page 2.**

**BUDGET FOR FORM FOR** **POLICK ADVANCING HEALTH EQUITY AND SOCIAL JUSTICE AWARD**

**Student name:**

**Email:**

**PROPOSED BUDGET**

**List each proposed or actual expense on a separate line. Add lines as needed. Be sure that items listed match with description of your project or experience on page 1. Expenses up to $500 will be funded.**

|  |  |
| --- | --- |
| **Item** | **Estimated cost** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| **TOTAL** | **$** |

***Send completed application and budget form to Rho Chapter Administrative Assistant***

Mary DeBardeleben (marydp@med.umich.edu)

Nursing Professional Development & Education, Michigan Medicine

300 N. Ingalls – Suite 6B12, Ann Arbor, MI 48109-5436