**COVER SHEET**

**GKNF-USA**

 **MI JA KIM RESEARCH GRANTS**

CHECK ONE:

 \_ New Application

 \_ Revised Application

Date

1. Principal Investigator

Name and Title: (Last) (First) (Middle)

Month/Year of graduation (PhD/DNSc/DNP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Appointment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department College

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Email Phone No(s). FAX No. Dept. Business Manager Phone No. Business Manager Email

Mailing address: (street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (city)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (zip code)\_\_\_\_\_\_\_\_\_\_\_\_

1. Co-investigator(s): Name/Rank/Department/College
2. Period of Proposed Project to
3. Title of Proposed Project