

North Shore University Hospital Medical Staff Society Grant Application

Please note: All applicants must be members of the Medical Staff Society in good standing. If the proposed grant is approved, the Medical Staff Society shall be acknowledged at the program/lecture/seminar/symposium and in any associated printed or electronic materials as having provided support through an educational grant.

Name: _____

Address: _____

Primary Phone: _____ **Email Address:** _____

Title of Educational Program/Lecture/Symposium: _____

Venue: _____

Address: _____

Date(s): _____

Please provide details about the program, and the objective: _____

Estimated Cost: _____

Other source(s) of funding: _____

I hereby attest that the information in this application is true, correct, and complete. I agree to contact the Medical Staff Society in the event that the program/lecture/symposium is cancelled or if I receive more funding than is required. I understand that, under such circumstances, I may be required to return any funds I receive.

Signature: _____ **Date:** _____

Completed grant applications can be faxed to (516) 562-2989, emailed to NSUHMedicalStaff@northwell.edu, or brought to the Medical Staff Society Office, located in the Physician Lounge at NSUH. Incomplete applications will not be considered.