THE RESEARCH FOUNDATION
enhancing community health

Teaching Excellence Award Nomination

Name:			
	First	Middle Initial	Last
SS#	Confirm last 4 digits of your social security number:		

Home Address:			
	Number and Street		
	City	State	Zip

Telephone:	Home:	Work:	Cell:
Email Address:			

Place of Employment:			
	Employer		
	Position/Title		
	Number and Street Address		
	City	State	Zip
	Faculty Status (check one): ☐ Full Time ☐ Part Time ☐ Adjunct		

Send completed application form and required information to the nursing program administrator or nursing dean by December 1. The nursing program administrator or nursing dean must submit information with their recommendation by January 1. Submit all applications materials to: The Research Foundation, 2316 E. Meyer Blvd., Kansas City, MO 64132, info@theresearchfoundationkc.org.

If you have questions, please call 816-276-4218.

I certify that the information on this application is true to the best of my knowledge.

Signature: _____ Date: _____