

University of Pittsburgh School of Nursing GNSO



Request for GSNO Funding Support

Please print clearly or type. Gray spaces are for administrative use only.

- 1. Name(Last,First): _____
- 2. School and Department: _____
- 3. Degree you are pursuing: _____
- 4. Student People Soft Number: _____
- 5. Daytime Phone: _____
- 6. E-mail: _____

Date received:
Amount approved:
Date sent to SORC:
Treasurer initials:

7. Have you received funding from the GNSO before? _____ If yes, when? _____

Activity description:

Brief description of why you are seeking funding support:

Brief description of what funds will be used for specifically (registration, travel, etc)

Amount of funding support requested?