**2024 Patient Experience Grant Program/Scholar Program**

Application

**Overview**: In our commitment to expanding the global conversation on elevating the human experience in healthcare and the body of knowledge on this topic, The Beryl Institute established the Patient Experience Grant Program in 2010.A full program overview is available on The Beryl Institute website.

**Application Instructions**: To be considered for this program, the applicant must have an active membership with The Beryl Institute. Submissions must include all information requested below. Please note incomplete applications will not be accepted.

**Application for** (please select one):

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| --- | --- |
|  | Patient Experience Grant Program |
|  | The Beryl Institute Scholar Program (note additional information requested for scholar applicants\*) |

**Membership**

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|  | Please check here to acknowledge participation in the grant/scholar program is exclusively available to members of The Beryl Institute. An active individual, organizational, student or PFA membership must be in place at time of acceptance and at time of disbursements. |

**General Information – Principal Investigator/Primary Contact**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |
| Email Address |  |
| Mailing Address |  |

***\*Scholar Applicants -*** Please Include:

|  |  |
| --- | --- |
| Degree Pursuing |  |
| School |  |
| Anticipated Completion Date |  |

**Project Overview**

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| **Research Topic/Question** – What is the topic you are exploring or question you are trying to answer? |
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| **Executive Summary** of the research process and anticipated contribution to the body of knowledge on patient experience(500 words or less) |
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| ***\*Scholar Applicants --*** Please include statement in why you believe this research is relevant and will contribute to the field of patient experience(250 words or less) |
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| **Research Objectives** - Please list all research objectives and provide description for each noting whether proposed, in process or recently completed | |
| Objective: | In process |
|  | |
| Objective: | In process |
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| Objective: | Proposed |
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| Objective: | Proposed |
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| Objective: | Proposed |
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| **Descriptive overview** of the research process. This should be a comprehensive narrative of your research plan. (1000 words or less) |
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| **Provide your thoughts on the connection of this research** to the Grant/Scholar Program objectives and the overall mission of The Beryl Institute to improve the patient experience. (250 words or less) |
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| **Timeline** for completion of research that fits the grant award requirements |
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| **Funding** plan with an explanation of how funding will be used |
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| In addition, please provide the **names of any additional investigators and attach the CV/resume**(s) for the principal investigator(s) |
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By submitting this application, you acknowledge you have read and understand all requirements and parameters associated with The Beryl Institute Patient Experience Grant Program and Scholar Program.