



Submission Face Sheet

Western Journal of Nursing Research / Midwest Nursing Research Society

Outstanding Faculty Manuscript Award

Outstanding Student Manuscript Award

Title of Manuscript:

First Author: _____

Name: _____ Degrees: _____

The presentation is based upon work completed as a __ Faculty __ Student

Institution: _____

Position: _____

Address: _____

Phone: _____

Email: _____

MNRS Membership Number: _____

Second Author: _____

Name: _____ Degrees: _____

Institution: _____

Position: _____

Third Author: _____

Name: _____ Degrees: _____

Institution: _____

Position: _____

To be eligible for consideration of this award the applicant's study must have been presented previously at an MNRS Annual Research Conference. Please list the reference for the previous presentation:

I understand that if I receive this award, I may need to modify my manuscript based on the suggestions of the review committee and/or the journal's editor prior to publication. I also understand that if I choose not to comply with these recommended modifications, I may not receive the award and my manuscript may not be published in WJNR.

Signature of 1st author

Date