

**End of Project Report**  
**School of Nursing's Donor Fund for New Ventures Development**

Name:

Email:

Alternate email for future  
correspondence following graduation:

Position:      Faculty                      Undergraduate Student              Masters Student  
                         PhD Student              Post Doctoral Fellow

**Venture:**

Title of New Venture:

Conference/Training Title and Location:

Presentation: Oral              Poster

Dates:

Project Title:

Timeframe:

Location:

Amount of Funds Awarded

Please provide a succinct overview (250 words) on the scholarly outcomes and benefits of the New Ventures Fund funding for you and for the School of Nursing.

If you have photographs of the event or project, please send. If presenting a poster, please send a copy to [julie.barry@dal.ca](mailto:julie.barry@dal.ca) with this report.