

Hulda Crooks Research and Public Health Practice Grant

Report Upon Completion of Funded Research

Student Name:

Program of Study:

Title of Project:

Faculty Sponsor:

Hulda Crooks Grant amount:

Total Funding received from all sources:

Project Status: (Please check one)

Dissertation completed

Project completed as planned

Project not completed by schedule end date

Other _____

Please report the final results/outcome of your research or project (max. 300 words):

Please paste your original abstract below: