Veterans Health Foundation
Improving Veteran Lives Through Research and Education

Medical Education and Patient Safety (MEPS)

2026 Application Cover Sheet

PROJECT

Project title

Amount requested ($) - Maximum $10,000

PRINCIPAL INVESTIGATOR

Full name

Degree(s)

Primary email (VA)

Secondary email (optional)

Phone

VA INFORMATION

VA medical center

☐ Pittsburgh ☐ Wilkes-Barre ☐ Wilmington ☐ Butler

VA title

Paid VA appointment

○ Yes ○ No

If yes, eighths (e.g., 1/8)

ACADEMIC INFORMATION (IF APPLICABLE)

Academic position

Department

Academic affiliation

CO-INVESTIGATOR / MENTOR (IF APPLICABLE)

1. Full name

Role (co-investigator / mentor)

VA effort

Academic affiliation (if applicable)

Email

2. Full name

Role (co-investigator / mentor)

VA effort

Academic affiliation (if applicable)

Email

SIGNATURES

Principal investigator

Date

Supervisor

Date

Mentor / co-investigator

Date