



Sigma Theta Tau International
Honor Society of Nursing®

Epsilon Nu Chapter
of Sigma Theta Tau Research Committee
APPLICATION FORM FOR RESEARCH AWARD

1. Title of Proposal:				
2. Applicant's Name:				
3. Address (street, city, state, zip code):				
4. Phone Numbers		Work:	Home:	Cell:
5. Email Address:				
6. Applicant's Professional Status: <input type="checkbox"/> Doctoral Student <input type="checkbox"/> Master's Student <input type="checkbox"/> Faculty <input type="checkbox"/> Community, Clinician <input type="checkbox"/> Other (Please specify: _____)				
7. <i>If a student</i> , applicant's Research Advisor/Mentor Name, email address & affiliation:				
8. Name of Applicant's University / Institution/Place of Employment:				
10. Human Subjects (IRB) review: (When approved, notify Epsilon Nu Research Chair)		Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Amount Requested \$				
Anticipated Project Start Date:			Anticipated Project Completion Date:	
Have you applied to another source for support of this proposed research?			<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes , please identify the funding agency, dollar amounts, start & end dates, and outcome of the submission (funded / not funded / pending / completed) in the space(s) below.				
Agency	Amount Requested	Amount Received	Dates	Outcome *
* Please notify the Epsilon Nu Research Committee, if Pending Awards are received following this submission / issuance of award. How do the above proposals differ from or complement this application?				

**SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY
EPSILON NU CHAPTER
NEW ORLEANS, LOUISIANA**

RESEARCH GRANT AGREEMENT

If the Epsilon Nu Research Committee and Board Members approve my proposal, I agree to:

1. Accept responsibility for the scientific conduct of this study.
2. Use the grant for the research project as described in the application and return any unused funds to the Treasurer of Epsilon Nu Chapter if the research is not finished by the projected completion date. Under certain circumstances, extensions may be obtained from the Epsilon Nu Research Committee and Board Members.
3. Complete a final report: send a written final copy of the research and one abstract to the chair of Research Committee of the Epsilon Nu Chapter. Show accounting of funds in this report to the Epsilon Nu Board.
4. Acknowledge the financial support from Epsilon Nu Chapter, Sigma Theta Tau, Inc. in presentations and publications from the completed research project. Please use the following phrase: *This project [or presentation, publication, etc] was supported by the Epsilon Nu Chapter, Sigma Theta Tau International.*
5. Retain active membership in Epsilon Nu Chapter, Sigma Theta Tau International throughout the conduct of the research project.
6. Present the findings of the research in a program sponsored by Epsilon Nu Chapter. The presentation file must be submitted to the Epsilon Nu Research Committee Chair prior to the event.

Title of Study:	
Applicant/Principal Investigator Signature	Date
Faculty Research Advisor/ Mentor Signature(s): <i>(For all graduate students)</i> <input type="checkbox"/> N/A	Date:
For Epsilon Nu use:	
Data Collection Start:	Date:
Date of Final Report:	Date:

BUDGET

Complete the **BUDGET** below. Be sure to list all costs of this study, and provide a budget justification indicating how the requested amount will be used to support the purpose and methods of the study. Indicate the total amount requested from Epsilon Nu (cap is \$2,500).

NOTE: Sigma Theta Tau International Epsilon Nu Chapter does not fund indirect costs nor costs related to completing an education program (e.g. tuition). Please include your budget amounts for the following items:

- Personnel (Requests for Investigator salaries may be included. Include hourly rate for personnel in justification section.)
- Secretarial staff (related directly to the research)
- Typing costs (Must be those directly related to the research. Typing of dissertations will not be funded.)
- Research Assistants
- Consultants (Limit to \$50 per hour)
- Supplies
- Equipment
- Computer costs (software only)
- Travel Expenses (data collection only)

Items	Cost per item	No. required	Total Cost	Justification
TOTAL requested from Epsilon Nu			\$	