

**Sigma Theta Tau International
Omicron Psi Chapter
Research Grant Application Form**

Title of Proposal: _____

General Information:

Principal Investigator: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phones: (Home) _____ (Work) _____

E-mail address: _____

Registered Nurse in State(s) of: _____ License #: _____

Sigma Theta Tau member: ___ Yes ___ No

Previous Sigma Theta Tau Research Awards: ___ Yes ___ No

Other Financial Support:

Have you applied for or are you now receiving financial support from another source for this research? ___ Yes ___ No

If yes, list agency: _____

Amount requested or received: _____

IRB Approval:

Human Subjects review? ___ Yes ___ No

Consent form included in proposal: ___ Yes ___ No

Co-investigator Information:

Co-investigator(s): ___ Yes ___ No If yes, CV of co-investigator(s) must be attached

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

E-mail address: _____

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

E-mail address: _____

Additional Co-investigators should be listed on a separate page.

Student Information:

Information completed by student(s).

Degree Sought: _____ Expected Date of Graduation: _____

Specify the number of credit hours completed in you program: _____

University: _____ School: _____

Department: _____ Major: _____

Minor(s) (If applicable): _____

Name of Research Advisor, (attach CV): _____
Letter from advisor is included in Part III of the proposal:

Budget:

Total amount of budget requested in U.S. dollars: _____

Checklist:

Please check the materials accompanying this application.

- ___ Research Grant Agreement
- ___ Research Grant Application
- ___ Co-investigator Information (if applicable)
- ___ Letter of Support from Faculty Advisor (if applicable)

This section below is to be completed by the Chapter.

- A. Approval Date: _____
- B. Award Granted: \$ _____
Chapter Research Committee Chair Signature _____
- C. Progress Reports
Progress Report 1: Date _____

Progress Report 2: Date _____

Study Completed (date): _____
Monies Used: _____
Monies Returned: _____

Final Report date: _____