

# TAU KAPPA AT-LARGE CHAPTER

## Nursing Research Award

### 1. Purpose

The purpose of the research award is to promote nursing scholarship and encourage chapter members to contribute to the advancement of nursing through research and evidence-based practice.

### 2. Research Award Funds

Each year during the budgeting process, the Chapter identifies funds to financially support nursing research. The Research Committee reviews applications using pre-determined criteria and makes recommendations to the Board of Directors for approval.

Members who have not previously received the research award funds from the Chapter are given preference when multiple members apply for funding and their applications receive comparable reviews.

### 3. Criteria for Eligibility

- Current member of Tau Kappa At-Large
- Submits research proposal materials according to guidelines (see page 2 & 3)
- Ready to implement research project when funding is received.
- Project is expected to be completed within one (1) year of receiving funds.
- Willing to disseminate findings at Tau Kappa At-Large General Membership meeting

### 4. Application and Dispersment of Funds

The following elements of the proposal are evaluated by members of the Research Committee:

- Background, problem statement and relevance to nursing
- Purpose of the study/research question
- Review of literature
- Philosophical/theoretical and/or conceptual framework
- Methodology
- Sampling approach
- Data analysis plan/interpretive strategies
- Protection of human subjects
- Plan for disseminating findings
- Clarity and Adequacy of Budget and timeline
- Coherence and clarity of writing

The application must be received by May 30. Notification of the decision regarding funding is sent in June. Funds are dispersed to the awardee at the next general membership meeting.

Disbursement of funds is contingent on the submission of approval(s) from the Institutional Review Board and any permission that must be granted. The award recipient is expected to complete the project within one year of receiving funds. Funds that are not used for project completion or if the project is abandoned will be returned to the Treasurer, Tau Kappa.

### 5. Membership

The Research Committee consists of a minimum of three voting members. Policies and procedures used in making awards and final decisions for making recommendations are approved by the Chapter's Board of Directors.

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## Application Form for Nursing Research Funds

Information regarding Principal Investigator and Co-Investigator (if applicable)

### 1. Principle Investigator

- Name \_\_\_\_\_
- Present Address \_\_\_\_\_
- Zip Code \_\_\_\_\_
- Telephone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_
- Email: \_\_\_\_\_
- Registered Nurse in State of \_\_\_\_\_ Registration Number(s) \_\_\_\_\_
- Have you previously received a Sigma Theta Tau Research Award?
  - Yes \_\_\_\_\_ Date \_\_\_\_\_ Chapter \_\_\_\_\_ No \_\_\_\_\_
- List fellowships, scholarships or financial awards you are now receiving or have received in research?  
\_\_\_\_\_  
\_\_\_\_\_
- Have you applied to another source for support of this research?
  - Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please identify agency and amount requested.
  - Agency \_\_\_\_\_ Amount \_\_\_\_\_

### 2. Co-investigator

- Name \_\_\_\_\_
- Present Address \_\_\_\_\_
- Zip Code \_\_\_\_\_
- Telephone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_
- Email: \_\_\_\_\_
- Registered Nurse in State of \_\_\_\_\_ Registration Number(s) \_\_\_\_\_
- Have you previously received a Sigma Theta Tau Research Award?
  - Yes \_\_\_\_\_ Date \_\_\_\_\_ Chapter \_\_\_\_\_ No \_\_\_\_\_
- List fellowships, scholarships or financial awards you are now receiving or have received in research?  
\_\_\_\_\_  
\_\_\_\_\_
- Have you applied to another source for support of this research?
  - Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please identify agency and amount requested.
  - Agency \_\_\_\_\_ Amount \_\_\_\_\_

### 3. Curriculum Vitae or Resume: (Please attach) for all investigators

**4. Information Regarding Research Project:**

- A. Title of Research Project \_\_\_\_\_
- B. Starting date of research project \_\_\_\_\_
- C. Research Project Elements (5 page limit, APA format, single-spaced)
  - Background, Problem Statement and Relevance to Nursing
  - Purpose of the Study/ Research Question
  - Literature Review
  - Conceptual Framework and/or Philosophical/ Theoretical Perspective
  - Methods and Procedures (sampling plan, data collection, and data analysis)
  - Plan for the Protection of Human Subjects (IRB)
  - Budget proposal & Time Line
  - Plan for Disseminating Results
- D. Proposed completion date of research project \_\_\_\_\_

**Check List** (boxes added to encourage use of checklist)

- A. Contents of submitted packet
  - Tau Kappa Chapter member
  - Face Page (containing brief demographic profile)
  - Application Form for Nursing Research Funds
  - Nursing Research Award Agreement (signed)
  - Abstract (100 words)
  - Research Project/Proposal
  - Budget & timeline
  - Affidavit of Supervising Faculty (if applicable)
  - Letter of Support and/or Approval
  - Curriculum Vitae or Resume
  - Approval from Institutional Review Board

SIGMA THETA TAU  
TAU KAPPA AT-LARGE CHAPTER

Nursing Research Award Agreement

If my proposal is funded, I agree:

1. To use the grant for the nursing research project as described in the application with completion in one year from receiving funds. Return any excess funds to the Treasurer of Tau Kappa Chapter.
2. To contact the Nursing Research Committee of Tau Kappa Chapter and request an extension if the project is progressing at a rate in which it will not be completed within one year of having received funds.
3. To submit reports every six (6) months using the provided form.
4. To submit a final report, including expenditures, at time of completion of the research project. If research is not completed, remaining funds are to be returned to Tau Kappa Chapter.
5. To send one (1) copy of the completed project findings to Tau Kappa Chapter, Nursing Research Committee within six (6) months of completion.
6. To acknowledge the assistance of Sigma Theta Tau International Honor Society of Nursing, Tau Kappa At-Large Chapter in an appropriate way in connection with the completed research project.
7. To present the findings of the research at a Chapter meeting.

Date \_\_\_\_\_ Signed: \_\_\_\_\_

Address \_\_\_\_\_

Title of Project \_\_\_\_\_

Project Beginning Date \_\_\_\_\_ Project Completion Date \_\_\_\_\_

FOR COMMITTEE USE

**ACTION ON GRANT:**

1.  Approved  Not approved by Research Committee      DATE \_\_\_\_\_

Approved  Not approved by Executive Board      DATE \_\_\_\_\_

    Date of Award \_\_\_\_\_

2. If approved:

IRB/Letter of approval      DATE \_\_\_\_\_

    Amount Approved \_\_\_\_\_ Date Check Sent \_\_\_\_\_ Check # \_\_\_\_\_

3. Reports: 6 month DATE \_\_\_\_\_

            12 months DATE \_\_\_\_\_

            18 months DATE \_\_\_\_\_

            24 months DATE \_\_\_\_\_

4. Final Budget Report Received \_\_\_\_\_

5. Funds Returned: Yes  No  Amount Returned: \_\_\_\_\_

**Tau Kappa Chapter Research Award  
Progress Report  
(11.16.12)**

In a memo style format:

**TO:** Sharon Aronovitch (e-mail: [saronovitch@excelsior.edu](mailto:saronovitch@excelsior.edu))  
**FROM:** (Principal Investigator Name)  
**SUBJECT:** Progress Report (Name of Study: \_\_\_\_\_)  
**DATE:** (Today's Date)

<b>Year Awarded:</b>	
<b>Study Start Date:</b> (same as IRB approval date):	

**Please address the following in in your 6 month and final reports:**

- **Summarize the progress you have made to date** - use specific terms (for example, “I have analyzed 60% of the available data which showed .....). Relate your progress back to the original goals of the project.
- Under a “**Work to be Completed**” heading, describe the tasks that remain to be completed. If you need to adjust the original timeline, please provide a revised schedule. Address any problems that you have encountered that have slowed or delayed your progress. You are encouraged to seek advice from Tau Kappa Research Committee if you are encountering problems.
- If appropriate, please include a section on “**Preliminary Findings**” if you are far enough long in your research study. (Please do not include a draft manuscript.)
- If you believe a **Extension will be required**, please address this written request on a separate sheet.