SIGMA THETA TAU
TAU KAPPA CHAPTER

Policies and Purposes of the Nursing Research Award

1. Purpose

The purpose of the research award is to encourage qualified active members of the Tau Kappa chapter to contribute to the advancement of nursing through evidence-based practice and research.

2. The Research Fund

Each year, depending upon the availability of funds, Tau Kappa Chapter will set aside funds for the support of research projects. The Research Committee will review applications and make recommendations to the Executive Board on all proposals received and reviewed to be appropriate for award.

3. General Criteria for Eligibility
   A. Active member, Tau Kappa Chapter
   B. Submits research proposal materials according to guidelines (see page 2)
   C. Willing to disseminate findings at Tau Kappa meeting

4. Grant Allocation

Allocation of funds will be based on the quality of the proposed research, the past performance and future promise of the applicant and upon available monies. Proposals will be reviewed by members of the Tau Kappa Research Committee. Grant application is to be received by April 30. Notification of the decision regarding funding will be sent in May/June to the awardee. Funds will be awarded at the general meeting in July at the Awards Meeting. It is expected that recipients will attend either in person or virtually. The allocation of funds will be recommended by the Research Committee.

5. Membership

The Research Committee consists of a minimum of three voting members. Polices and procedures used in making awards and final decisions for making recommendations are approved by the Executive Committee.

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Application Form for Nursing Research Funds

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

1. Name _____
2. Present Address _____
   Zip Code _____ Telephone Number Home _____ Work _____
3. Permanent Address _____
4. Registered Nurse in State of_____ Registration Number(s) _____
5. Principal Investigator _____ or Co-Investigator _____
6. Have you previously received a Sigma Theta Tau Research Award?
   Yes _____ Date _____ No _____
7. List fellowships, scholarships or financial awards you are now receiving or have received. Have you applied to another source for support of this research?
   Yes _____ No _____ If yes, please identify agency and amount requested.
   Agency _____ Amount _____
8. Curriculum Vitae or Resume: (Please attach)
9. Information Regarding Research Project:
   1. Starting date of research project _____
   2. Proposed completion date of research project _____
   3. Title of Research Project _____
      _____
10. Check List
    A. Contents
       Face Page (containing brief demographic profile)
       Application Form for Nursing Research Funds
       Abstract (100 words)
       Study Proposal
       Budget
       Affidavit of Supervising Faculty (if applicable)

    B. Proposal Elements (5 page limit, APA format, single-spaced)
       Problem Statement/Research Question
       Purpose of the Study
       Literature Review
       Conceptual Framework/ Theoretical Perspective
       Methods and Procedures (sampling plan, data collection, and data analysis)
       Plan for the Protection of Human Subjects (include approval from Investigational Review Board (IRB) or plan for submission to IRB)
       Plan for Disseminating Results

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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 and return any excess funds to the Treasurer of Tau Kappa Chapter.
2. To submit a final report at time of completion of the research project. If research is not completed, remaining funds are to be returned to Tau Kappa Chapter (under certain circumstances extensions may be obtained from Nursing Research Committee of Tau Kappa Chapter).
3. To send one (1) copy of the completed project and an abstract of the project to Tau Kappa Chapter, Nursing Research Committee.
4. To acknowledge the assistance of Sigma Theta Tau, Tau Kappa Chapter in any appropriate way in connection with the completed research project.
5. To present the findings of the research at a Tau Kappa 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
_ Approved ___ Not approved by Executive Board
2. If approved: Amount Approved _____ Date Check Sent _____
3. Final Report Due: _____
4. Final Budget Report Received _____
5. Funds Returned: Yes _ No _ Amount Returned: _____