



Sigma Theta Tau Nursing Honor Society -- Theta Omicron Chapter

Call for Research/Travel Stipend Proposals

The vision of the international nursing honor society, Sigma Theta Tau, is to create a global community of nurses who lead in using knowledge, scholarship, service and learning to improve the health of the world's people. Consistent with that vision, Theta Omicron is committed to:

- Supporting the learning, knowledge and professional development of nurses
- Making a difference in health in Alaska and worldwide.

Toward that end, Theta Omicron offers research grants/travel stipends in amounts up to \$500 to assist in funding research or scholarship projects. In addition to funding scholarship activities, Theta Omicron sponsors several events each year that provide an opportunity for nurses to present their research or scholarship projects in a setting that facilitates sharing of findings and collaborative discussion.

Research Grant/Travel Stipend Funding Priorities

Theta Omicron will consider the Strategic Direction of Sigma Theta Tau (summarized above) as it evaluates any requests for financial support for research or for travel stipends. In addition, Theta Omicron will consider funding the following types of activities:

- Dissertation projects
- Thesis projects
- Scholarship projects
- Evidence-based practice projects
- Research utilization projects
- Conference Podium Presentations
- Poster Presentations

Timeframe

Theta Omicron prefers that applications be received electronically by February 1st, June 1st & October 1st.

Application Procedures

Submit 1 electronic copy of the **application** and an **approved proposal** for your research study or scholarly project to the Chair of the Theta Omicron Research Committee. The following points must be included in the proposal:

Specific Aims: State concisely and realistically what the project is intended to accomplish, and/or what research questions are to be addressed and/or what hypotheses are to be tested.

Background: Briefly review the literature that substantiates the specific aims of the project.

Methods: Describe concisely the procedure to be used to accomplish the specific aims. Include a description of and rationale for special equipment and/or instruments to be used. If a survey questionnaire or interview is to be used, attach a copy of the instrument to the proposal.

Human or Animal Subjects: Provide evidence of approval from the appropriate agency review committee.

Significance: Specifically identify gaps that the project is intended to fill. Make clear the nursing implications of the project. State concisely the importance of the project by relating specific aims to longer-term objectives.

Budget and Timeline: Submit an outline of the actual or projected costs for the entire project. Priority for funding is given to expenses incurred in preparation for and conduct of the investigation or project. Expenses associated with academic requirement (e.g., thesis copies, binding) will not be funded. Timelines include update plans for STT Research Committee.

Application Submission.

Inquiries and applications should be directed to:

Elizabeth Predeger, RN, PhD
Chair, Theta Omicron Research Committee
UAA School of Nursing
3211 Providence Drive
Anchorage, AK 99508-4614
E-mail: afejpf@uaa.alaska.edu
Phone: (907) 786-4575
Fax: (907) 786-4559 (Attn: Dr. B. Predeger)

**Sigma Theta Tau International Honor Society of Nursing
Theta Omicron Research Grant/Travel Stipend Application**

Please return this application to Dr. Betty Predeger by February 1st, June 1st & October 1st

UAA School of Nursing
3211 Providence Drive
Anchorage, Ak. 99508

1. Date: _____

2. Title: _____

3. Name of Principal Investigator: _____

Home address: _____

City: _____

State: _____ Zip: _____

Phones: (Res.) _____

(Bus.) _____

4. Registered nurse in State(s) of: _____

License # _____

a. Sigma Theta Tau member Yes _____ No _____

5. Previous Sigma Theta Tau Research Awards:

6. Have you applied for or are you receiving support for this research?

Yes _____ No _____

If yes, list agency: _____ and amount requested/received: \$ _____

If other support is received, please notify Chapter Research Committee Chair.

7. Institutional Review Board Clearance already? Yes _____ No _____

(Proposal must be approved by an IRB before consideration)

8. Co-investigator: Yes _____ No _____ If yes, CV attached _____

Name: _____

Address: _____

Phone: (Res) _____ (Bus) _____

9. For presentation of research at Conference or Presentation, please list name of conference, organization, date of conference. Include acceptance letter.

10. Degree information completed by student(s).

Degree Sought: _____

Projected completion date of degree: _____

Projected completion date of project: _____

Name of Thesis Advisor, if applicable. _____

11. Total amount of budget request: _____

12. Please check the materials accompanying this application.

Copy of Approved Research Grant Proposal Yes _____ No _____

Acceptance Letter if Presenting at Conference _____

Other _____

This section below is to be completed by the Chapter.

Approval Date: _____

Review Date: _____

Decision: _____

Award Granted: \$ _____

Chapter Research Committee Chair Signature:

Progress Reports:

Date: _____

Date: _____

Study Completed (date): _____

Monies Used: _____

Monies Returned: _____

Final Report date: _____