Theta Zeta Research Award APPLICATION

Cover Page (9 items, 1-9)

1. Name:

2. Are you a current member of Theta Zeta? __ yes    __ no
   "                      " of STTI - another chapter? __ yes    __ no

3. Title of Research:

4. Affiliating institution (school or agency of employment):

5. Primary Research Site/s: (if applicable)

6. Starting Date for Data Collection: (approximate)

7. Completion Date for Research: (approximate)

8. Status of IRB review/approval, IRB location:
   __ approved       __ in review       __ not yet submitted for review/approval

8. Total amount of funding requested: $

9. Please itemize how the funds will be used.
APPLICATION BACKGROUND INFORMATION (6 items, 10 - 16)

10. Your position and/or title:

11. Contact information:
   a. Address:
   b. Email:
   c. Phone: daytime:
      . evening:

12. What is your role on this study?
   __ Primary Investigator __ Co-Investigator __ project manager __ key personnel

13. ______________________________________________________
My e-signature verifies that I have a valid, unencumbered Pennsylvania nursing license (typed name above will serve as e-signature).

14. Educational Background (this section can be skipped by attaching a CV or Resume)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Dates</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Professional Organization Memberships (include chapter of STTI if not a Theta Zeta member)

16. Co-investigator/s name, credentials and affiliation institution (attach separate sheet if necessary)
   a) 
   b) 
   c)
RESEARCH PROPOSAL

1. Describe the relevance to nursing of the problem your research addresses, including a clear statement of the research question/s. (Limit response to this page – scoring must be at page bottom)

EXCELLENT 4  GOOD 3  REASONABLE 2  POOR 1  INSUFFICIENT DATA 0
2. Describe the design and procedure in such a way that it is clear to the reviewer that they are appropriate to answer the research question/s. (Limit response to this page – scoring must be at page bottom)
3. Describe in sufficient clarity and detail how the proposed data analysis is related to questions 1 and 2. (Limit response to this page – scoring must be at page bottom)
STATEMENT OF AGREEMENT (Please indicate your agreement.)

In the event that I, the undersigned, receive a Research Fund Award from the Theta Zeta Chapter of Sigma Theta Tau International, I agree to the following:

1. I will keep the Nursing Research Awards Committee informed yearly of my progress until the research is completed. Then I will send a final report.

2. I will acknowledge the support of the Theta Zeta Chapter of Sigma Theta Tau International in all scientific publications and presentation resulting from the project.

3. I will conduct all aspects of the research project in compliance with institutional regulations and/or state and federal laws, which regulate research involving human and animal subjects, and in accordance with the ANA Code of Ethics.

Typed name will serve as e-signature.

__________________________________                               ____________
Applicant         Date