



**Sigma Theta Tau  
Chapter Research Grant  
Application Form**

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 # \_\_\_\_\_  
 Sigma Theta Tau Member Yes No Chapter: \_\_\_\_\_
5. Previous Sigma Theta Tau Research Awards: Yes No  
 Regional Chapter: \_\_\_\_\_  
 International: \_\_\_\_\_
6. Have you applied for or are you now 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. Human subjects review? Yes No Consent form included in proposal Yes No
8. Co-investigator: Yes No If yes, CV attached:  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_
9. Information completed by student(s).  
 Degree Sought: \_\_\_\_\_ Expected date: \_\_\_\_\_  
 Specify the amount of the program completed to date: \_\_\_\_\_  
 Courses completed are listed in Part III-C of the proposal \_\_\_\_\_  
 University: \_\_\_\_\_ College: \_\_\_\_\_  
 Department: \_\_\_\_\_ Major: \_\_\_\_\_  
 Minor(s) (if applicable): \_\_\_\_\_  
 Name of Research Advisor, academic credentials (attach CV) and qualifications: \_\_\_\_\_  
 \_\_\_\_\_  
 Letter from advisor is included in Part III of the proposal: \_\_\_\_\_
10. Total amount of budget requested in U.S. dollars: \_\_\_\_\_
11. Please check the materials accompanying this application.  
 Research Grant Agreement  
 Research Grant Proposal  
 Other \_\_\_\_\_

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**This section below is to be completed by the chapter.**

A. Approval Date: \_\_\_\_\_

B. Award Granted: \_\_\_\_\_

Chapter Research Committee Chair Signature: \_\_\_\_\_

C. Progress Reports

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Study Completed (date): \_\_\_\_\_

Monies Used: \_\_\_\_\_

Monies Returned: \_\_\_\_\_

Final Report date: \_\_\_\_\_

