

Sigma Theta Tau Alpha Delta Research Grant Application Form

1. Date: _____
 2. Title: _____
 3. Name of Principal Investigator: _____
 Home Address: _____
 City _____ State _____ Zip _____
 Phone (home): _____ (office) _____
 4. Registered nurse in State(s) of: _____ License #: _____
 Sigma Theta Tau member? Yes No Chapter: _____
 5. Previous Sigma Theta Tau Research Awards:
 None:
 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 Alpha Delta Research Committee Chair.
 7. Human Subjects reviews? Yes No Consent form included in proposal Yes No
 8. Co-Investigator Yes No If yes, CV attached
 Name: _____ Name: _____
 Address: _____ Address: _____

 Phone (home): _____ Phone (home): _____
 Phone (office): _____ Phone (office): _____
 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 research or faculty advisor is included in Supporting Materials section of the proposal:

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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 _____

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): _____