

**Omicron Upsilon Chapter  
Sigma Theta Tau International Honor Society  
Education Scholarship Grant  
DUE: August 30, 2016 BY 2200  
Email completed application to krautsch@up.edu**

**I. Purpose of the Fund**

The purpose of the fund is to encourage research, quality improvement (QI) projects, and endeavors that promote *nursing education* by members of the Omicron Upsilon Chapter. Sigma Theta Tau International's research priorities are as follows: promotion of healthy communities through health promotion, disease prevention, and recognition of social economic and political determinants; implementation of evidence-based practice; targeting the needs of vulnerable populations such as the chronically ill and poor; and capacity development for research by nurses.

**II. Fund Sources**

- A. General chapter funds as approved in the budget
- B. Unused monies from previous grant recipients.
- C. Results of fundraising activities.

**III. Processing the Funds**

A. The Executive Committee

- 1. Recommends funds in budget from the general fund, designated research, education and practice scholarship grants.
- 2. The budget is approved and administered by the chapter Executive Committee.
- 3. Grant recipients provide receipts to the Treasurer. The Treasurer forwards checks from the grant fund to the grant recipients.
- 4. Approves the Grants Award Program and the criteria submitted by the Grant Committee.
- 5. Endorses the recommendations of grant recipients made by the Grant Committee.
- 6. May allocate additional grant award funds on the basis of availability.

B. The Grant Committee

- 1. Develops criteria for the grant proposal
- 2. Reviews the proposals;
- 3. Recommends the awards of grants and allocation of funds according to the policies of the chapter as they correspond to the bylaws of Sigma Theta Tau;
- 4. Monitors fund usage by grant recipients;
- 5. Secures reports of findings for public distribution;
- 6. Maintains a five-year record of all recipients of monetary grants or awards. Information on recipients should include member(s) name and address, amount of award, abstract of project, and final project report.

## **Guidelines for Omicron Upsilon Chapter Education Scholarship Grant**

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#### **IV. Criteria for Awarding Grants**

##### **A. Applicant Qualifications**

1. Member of Omicron Upsilon Chapter
2. Hold a baccalaureate or higher degree in nursing or enrolled nursing student with nursing faculty supervision who is a member of Omicron Upsilon.

##### **B. Competitive Basis for Fund Allocation**

1. Quality of written proposal.
2. Contribution of the scholarship proposed to nursing science, nursing practice, and/or nursing education and has a public benefit.
3. Education Scholarship Grant fund budget and number of proposals submitted.

#### **V. Grant Allocation**

The maximum amount to be awarded each applicant is \$1500.00. The amount of a grant will be determined by the Grant Committee based on the quality of the proposal, the budget request, and the available monies in the chapter Education Scholarship Grant fund.

#### **VII. Publicity by Omicron Upsilon Chapter**

1. The criteria for awarding grants and selection process are publicized widely.
2. Grant recipients are publicized.
3. Abstracts may be reported in chapter newsletters.
4. Completion of the Education Scholarship Grants are announced in chapter newsletters.

#### **VIII. Grant Application Deadlines**

Grants are awarded once a year. A Call for Applications will be announced a minimum of 60 days before the application due date. Grant recipients will be announced at the annual research meeting.

# Omicron Upsilon Chapter Sigma Theta Tau International

## Education Scholarship Grant Call for Applications



### 1. Purpose of the Fund

The purpose of the fund is to encourage research, quality improvement (QI) projects, and endeavors that promote nursing education by members of the Omicron Upsilon Chapter. Sigma Theta Tau International's research priorities are as follows: promotion of healthy communities through health promotion, disease prevention and recognition of social economic and political determinants; implementation of evidence-based practice; targeting the needs of vulnerable populations such as the chronically ill and poor; and capacity development for research by nurses.

### 2. Applicant Qualifications

Applicants will be members of the Omicron Upsilon Chapter and hold a baccalaureate or higher degree in nursing. Currently enrolled nursing students may also apply and must have nursing faculty supervision. The supervising nursing faculty must be a member of Omicron Upsilon.

### 3. Proposal Criteria

Submit a three to five page proposal (does not include bibliography and appendices).

Proposal criteria:

- a) Blind review will be used to evaluate the proposals
  - a. A title page with author identification.
  - b. The remainder of the proposal pages will be identified by proposal title in the header of each page and no author name.
- b) Content of the Proposal:
  - a. Abstract
  - b. Proposal
    - i. Background and significance of the project to nursing education
    - ii. Review of the literature
    - iii. Methods and procedures
    - iv. Evaluation methods
  - c. Proposed budget and rationale
  - d. References
- c) Appendices
  - a. Copies of instruments (if used)
  - b. Grant Requestor CV and CV's of co-requestors.
  - c. Timeline
  - d. IRB documentation as appropriate

**Omicron Upsilon Chapter of Sigma Theta Tau  
International  
Education Scholarship Grant  
Agreement Form**

If my proposal is approved for funding, I agree to:

1. Accept responsibility for the scientific conduct and outcomes evaluation of this grant.
2. Provide documentation of funds used as described in the proposal. Submit receipts to the Treasurer of the Omicron Upsilon chapter for reimbursement.
3. Submit a progress report (semi-annually) until the study is complete to the Grant Committee.
4. Send a written final copy of findings to the Grant Committee of the Omicron Upsilon Chapter.
5. Acknowledge the grant support of Omicron Upsilon Chapter of Sigma Theta Tau International in the publication or presentation of the research findings.
6. Publish or present the findings of the grant supported study in a program sponsored by Omicron Upsilon Chapter, if invited to do so.

**Title of Study:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

**Expected date of final report:** \_\_\_\_\_

**Principal Grant Requestor signature:** \_\_\_\_\_

**Work or Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Co-Grant Requestor signature(s):**

\_\_\_\_\_  
\_\_\_\_\_

**Omicron Upsilon Chapter of Sigma Theta Tau International**  
**Education Scholarship Grant Application Form**

**DUE August 30, 2016 BY 2200. Email to [krautsch@up.edu](mailto:krautsch@up.edu)**

1. Date: \_\_\_\_\_

2. Title of Proposal: \_\_\_\_\_

3. **Name of Principal Grant Requestor/Investigator:**

\_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Email: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_

4. Sigma Theta Tau member:  Yes  No

Omicron Upsilon Member

5. Have you applied for or are you now receiving support for this Education scholarship project?

Yes  No

If yes, list agency: \_\_\_\_\_ Amount requested/received: \_\_\_\_\_

6. **Co-Grant Requestor?**  Yes  No If yes, CV attached

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Work or cell phone: \_\_\_\_\_

7. **Student Information:** (if applicable)

Name: \_\_\_\_\_ Degree sought: \_\_\_\_\_

Expected grad. date: \_\_\_\_\_ University attending: \_\_\_\_\_

Faculty advisor name: \_\_\_\_\_

Attach letter of support from advisor as an appendix.

8. Total amount of budget requested in US dollars: \$ \_\_\_\_\_

(Maximum amt: \$1500.00. Attach detailed budget as an appendix)

9. Please check the materials accompanying this application:

Education Scholarship Grant Agreement Form

Education Scholarship Grant Proposal (3-5 typed pages excluding bibliography and Appendices.)

Education Scholarship Grant Application Form

CV's

# Omicron Upsilon Chapter of Sigma Theta Tau International Education Scholarship Grant

**The section below is to be completed by the Grant Committee.**

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A. Review date: \_\_\_\_\_

B. Title of the Proposal \_\_\_\_\_  
\_\_\_\_\_

C. Name of Principal Grant Requestor/Investigator:  
\_\_\_\_\_

Award granted: \$ \_\_\_\_\_

Award not granted Date Requestor is notified: \_\_\_\_\_

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*Chapter Research and Service Grant Committee Chair Signature*

**C. Progress Reports:**

Date: \_\_\_\_\_ Grant Chair initials: \_\_\_\_\_

Date: \_\_\_\_\_ Grant Chair initials: \_\_\_\_\_

Date: \_\_\_\_\_ Grant Chair initials: \_\_\_\_\_

Date: \_\_\_\_\_ Grant Chair initials: \_\_\_\_\_

Study completed (date): \_\_\_\_\_ (Attach final report)

Monies used: \_\_\_\_\_

Monies returned: \_\_\_\_\_

Final report date: \_\_\_\_\_

Created: 2/4/05 lck

Revised: 2/8/05 lck

Revised: 2/16/05 lck

Approved: 2/16/05 Dr. Moscato

Rev: 2/6/06 lck

Rev: 2/14/06

Rev: 1/11/2012 lck

REV: 2/11/14 lck

REV: 11/30/15 lck

REV: 2/22/16 lck