

**Omicron Upsilon Chapter
Sigma Theta Tau International Honor Society
Practice Scholarship Grant**

DUE August 30, 2016 BY 2200 – EMAIL TO KRAUTSCH@UP.EDU

I. Purpose of the Fund

The purpose of the fund is to encourage research, service, quality improvement (QI) projects, and endeavors that ***promote nursing practice*** 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 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 (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 research or outcomes applications of QI and service project 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 Practice Scholarship Grant

Page 2

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. Practice Scholarship Grant fund budget and number of proposals submitted.

V. Grant Allocation

The maximum amount to be awarded each applicant is \$1,500.00. 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 Practice 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 Practice 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

Practice Scholarship Grant Call for Applications



1. Purpose of the Fund

The purpose of the fund is to encourage research, service, quality improvement (QI) projects, and endeavors that promote nursing practice 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 practice
 - ii. Review of the literature
 - iii. Description of practice project and anticipated outcomes
 - iv. Description of how the outcomes will be measured
 - 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 and faculty advisor.
 - c. Timeline
 - d. IRB documentation as appropriate
 - e. Faculty advisor letter of support as appropriate.

Omicron Upsilon Chapter of Sigma Theta Tau International

Practice 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 the Grant 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: _____

Co-Grant Requestor and Faculty Advisor signature(s):

Omicron Upsilon Chapter of Sigma Theta Tau International
Practice Scholarship Grant Application Form
DUE August 30, 2016 BY 2200. Email to 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 practice scholarship project?

Yes No

If yes, list agency: _____

Amount requested/received: _____

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

Name: _____

Address: _____

Work or Cell Phone: _____

7. Student Information:

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 amount \$1500.00. Attach detailed budget as an appendix)

9. Please check the materials accompanying this application:

- Practice Scholarship Grant Agreement Form CV's Application Form
 Practice Scholarship Grant Proposal (3-5 typed pages excluding bibliography and Appendices.)

Omicron Upsilon Chapter of Sigma Theta Tau International Chapter Practice Scholarship Grant

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

A. Review date: _____

B. Title of the Proposal _____

C. Name of Principal Grant Requestor/Investigator:

Home address: _____ City: _____

State: _____ ZIP/Postal Code _____ Email: _____

Home Phone: _____ Work Phone: _____

Award granted: \$ _____

Award not granted Date Requestor is notified: _____

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: 1/11/2011 lck

REV: 2/11/14 lck

REV: 11/30/15 lck

REV: 2/22/15 lck

