



Sigma Theta Tau International

HONOR SOCIETY OF NURSING

Alpha Omega Chapter, School of Nursing, Adelphi University

Garden City, NY 11530

POLICIES AND PURPOSES OF NURSING RESEARCH AWARDS COMMITTEE

Purpose

- I. The purpose of the Award's Committee is to encourage qualified active members of the Alpha Omega Chapter to contribute to the advancement of Nursing through research.

Each year, depending upon the availability of funds, Alpha Omega Chapter will set aside funds for the support of research projects. The Research Awards Committee will review applications and make recommendations to the Executive Board on all proposals received.

II. General Criteria for Eligibility

- A. Member, Alpha Omega Chapter.
- B. Submits evidence of preparation for research.
- C. Submits research proposal according to guidelines. (See attached)
- D. Is ready to start the research, or research is in progress
- E. Willing to disseminate findings at Sigma Theta Tau meeting.

III. Grant Allocation

Allocation of funds will be based on the quality of the proposed research, the past performance and future promise of the applicant and upon available monies. Proposals will be subject to the Research Awards Committee's review. Notification of the decision regarding funding will be sent in April. Funds will be awarded at the Induction Ceremony in May. It is expected that recipients will attend. Policies and procedures used in making awards and the allocation of funds will be recommended by the Research Awards Committee to the Executive Committee.

IV. Membership

The Research Awards Committee will consist of a minimum of three doctorally prepared, voting members. The Chairperson (or Cochairs) of the Research Awards Committee will be appointed by the chapter President.

V. Deadline

Proposals are to be postmarked no later than March 15th, 2013.

GUIDELINES FOR PROPOSAL PREPARATION: *QUALITATIVE STUDIES*

1. Submit four (4) copies of your research proposal and one (1) copy of each of the following:
 - Curriculum vitae
 - Application form
 - Grant agreement

2. The proposal should be prepared following APA guidelines and must include:
 - A. Abstract (not to exceed one (1) page of single-spaced type).
 - B. Description of:
 1. The specific purposes of the study – statement of problem.
 2. The need for the study and relevance to Nursing.
 3. Literature review (maximum five (3) pages).
 4. Research Question
 5. Methodology/Mode of Inquiry
 - a. Selection of participants
 - b. How and where data will be collected.
 - c. How data will be analyzed or interpreted.
 - d. How data (evidence) will be weighted (evaluated).
 - C. Reference List
 - D. Budget and budget justification. (Allowable items include secretarial services, duplication, equipment, data collectors, statistical or other consultation, and computer use.)
 - E. Appropriate appendices (Include Participant(s) consent form(s), Institutional Review Board approval).

GUIDELINES FOR PROPOSAL PREPARATION: *QUANTITATIVE STUDIES*

1. Submit four (4) copies of your research proposal and one (1) copy of each of the following:

- Curriculum vitae
- Application form
- Grant agreement

2. The proposal should be prepared following APA guidelines and must include:

- A. Abstract (not exceed one (1) page of single-spaced type).
- B. Problem statement and hypotheses.
- C. Need for the study and relevance to Nursing.
- D. Operational definitions of variables.
- E. Literature review (maximum five (3) pages).
- F. Methodology, including validity and reliability of instruments.
- G. Data analysis procedures.
- H. Description of facilities and supports for carrying out research.
- I. Reference List.
- J. Budget and budget justification. (Allowable items include secretarial services duplication, equipment, data collectors, statistical or other consultation, and computer use.)
- K. Appropriate appendices. (Include subject consent form(s), Institutional Review Board approval).

APPLICATION FORM FOR NURSING RESEARCH AWARDS

INFORMATION REGARDING PRINCIPAL INVESTIGATOR AND CO-INVESTIGATOR (if applicable).

A. NAME: _____

B. PRESENT ADDRESS: _____

ZIP CODE _____ TELEPHONE NUMBER: (H) _____ (W) _____

C. REGISTERED IN STATE OF _____ REGISTRATION NUMBER _____

D. PRINCIPAL INVESTIGATOR _____ OR CO-INVESTIGATOR _____
(CHECK ONE.)

E. Have you previously received a Sigma Theta Tau Research Award?

Yes _____ (Date: _____) No _____

F. Have you applied to another source for support of this research? Yes _____ No _____

If yes, please identify agency and amount requested.

Agency _____ Amount _____

G. Curriculum Vitae: (Please Attach.)

1. Educational Background:

- a. Institution and Location
- b. Inclusive Dates of Attendance
- c. Diplomas, Degrees, and Dates
- d. Major

2. Experience Record:

- a. Title of Positions
- b. Name and Address of Employers
- c. Inclusive date

APPLICATION FORM FOR NURSING RESEARCH AWARDS (continued)

- 3. List honor societies in which you hold membership and indicate other honors, awards, or achievements which you have received.
- 4. List of professional organizations to which you belong and indicate major responsibilities and offices held.

H. Information regarding research background (please attach):

Briefly describe your previous participation in research activities. If highest earned degree is a Bachelor's, describe courses taken relevant to research (undergraduate, graduate, continuing education, etc.)

I. Information Regarding Research Project:

- 1. Starting date of research project _____
- 2. Proposed completion date of research project _____
- 3. Title of research project _____

- 4. Amount of grant requested _____

Research Awards Committee

Janet Raman, EdD, NP-C, RN, CEN, CNE
 Assistant Professor
 Adelphi University
 Raman@adelphi.edu
 Co-Chair

Maureen C. Roller DNP, ANP, BC
 Clinical Assistant Professor
 Adelphi University
 Roller@adelphi.edu
 Co-Chair

Dr Carmelle Bellefleur
 carmelle.bellefleur@ncc.edu

NURSING RESEARCH AWARD AGREEMENT

If my proposal is funded, I agree:

1. To use the Award for the Nursing research project described in the application and return any excess funds to the Treasurer of Alpha Omega Chapter.
2. To submit an interim report at the end of the six (6) months and a final report no later than the end of the year's period. If research is not finished by projected completion date, remaining funds are to be returned to Alpha Omega Chapter (under certain circumstances extensions may be obtained from Nursing Research Awards Committee of Alpha Omega Chapter).
3. To send one (1) copy of the completed project and an abstract of the project to Alpha Omega Chapter, Nursing Research Awards Committee.
4. To acknowledge the assistance of Sigma Theta Tau, Alpha Omega Chapter in any appropriate way in connection with the completed research project.
5. To present the findings of the research at an Alpha Omega Chapter meeting or Conference.

DATE: _____ SIGNED: _____

ADDRESS: _____

TITLE OF PROJECT: _____

AMOUNT REQUESTED: _____

PROJECT BEGINNING DATE: _____ PROJECTED COMPLETION DATE: _____

FOR COMMITTEE USE

ACTION ON GRANT:

1. Approved Not Approved by Research Awards Committee
 Approved Not Approved by Executive Board
2. If Approved: Amount Approved _____ Date Check Sent _____
3. Final Report Due _____
4. Final Budget Report Received _____
5. Funds Returned: Yes No Amount Returned _____

