

**Sigma Theta Tau International
Delta Xi Chapter
Research Funding Application Packet**

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INSTRUCTIONS

Dear Researcher/Research Team:

The Research committee of Sigma Theta Tau International, Delta Xi chapter has put together the following guidelines for those requesting research funding. These guidelines should be read carefully because they identify what needs to be completed before your proposal will be reviewed by the committee.

Purpose Statement The purpose of the Delta Xi Research committee is to encourage research which will advance the profession of nursing and to support research carried out by members of the Delta Xi Chapter. All relevant research topics will be considered for funding.

Eligibility Criteria:

1. Principle investigator (PI) must be a dues-paying member of Delta Xi Chapter.
2. The PI must hold a current license as a registered nurse (with the exception of students).
3. Students must be enrolled in the undergraduate or graduate programs at Kent State University, College of Nursing. Students must be a member or have applied for membership to Sigma Theta Tau International, Delta Xi Chapter.
4. The research study must be in progress or scheduled to begin before the next deadline date (March 1, of the following year).
5. The Researcher/Team must present their research study and/or findings at a future Delta Xi meeting, if requested by the Chapter President. The date will be determined by the chapter Program committee.

Allocation of Funds: Funding is based on the quality of the proposed research as determined by the proposed the research committee, the research budgetary needs that are outlined in the proposal and available Delta Xi monies. Awards up to \$2,000.00 will be given contingent upon funding requests and chapter funding availability,

All applicants will be notified of the review decision by June 1. The notification will be mailed to the PI. Reviewer comments will be provided to the PI. Funds will be dispersed at the discretion of the committee. The amount of funding awarded may be equal to or less than that requested.

Application Deadline: All applications must be received by **March 1**. The completed proposal and paper work is to be mailed to:

**Henderson Hall
Kent State University
College of Nursing
PO Box 5190
Kent, Ohio 44242-0001
Attention: President, Sigma Theta Tau International, Delta Xi Chapter**

Notification will be given to the PI verifying receipt of the application.

Application procedure: Three (3) copies of the proposals should be submitted. The proposals will be forwarded to the research committee for review. A blind review will be conducted. Please follow directions on the research packet.

Procedures: The following is a brief summary of procedures to be followed when applying for Delta Xi research funding:

1. Request a research packet from the President of the Sigma Theta Tau International, Delta Xi chapter. You will be provided with a proposal code at the time of application request.
2. Complete the Identification/Verification form.
3. Students must have a letter of support from their advisor or chair-person. (**SEE GUIDELINE LETTER ATTACHED**).
4. Review the proposal checklist that will be used by the Committee & attach to the proposal (**SEE CHECKLIST ATTACHED**).
5. Complete the documentation checklist (**SEE CHECKLIST ATTACHED**).
6. Attach all materials to proposal. Provide an original & three copies of all paper work to the address above.

We hope this information is helpful while completing your application for research funding from Delta Xi Chapter. We look forward to reviewing your proposal and wish you much success in your research endeavors. If a researcher desires information about their project's feasibility, plan, funding needs, etc., a meeting can be requested of the chair of the research committee for advice.

The Research Committee of Sigma Theta Tau, Delta Xi Chapter

IDENTIFICATION/SIGNATURE VERIFICATION FORM

Sigma Theta Tau Application Code Number: _____ (Provided upon receipt of application)

The above number will identify your application to the Research Committee reviewers. This number will replace your name so that no bias can be used in funding decisions. If you have any questions concerning the review of this application, you will need to identify yourself by this number. Your signature(s) below verifies you have:

1. Received this application.
2. Have a documented application code number on the application packet cover page.
3. Acknowledge the reviewers **DO NOT** have the name(s) of the researcher(s).

This page is to be signed and returned with your four proposals. It will be secured by the President of Delta Xi. After funding decisions have been made, the committee will submit the code number and the amount of funding to the president of Delta Xi. The president will then notify the PI via a formal letter of funding decisions.

Should you have any questions, you may contact the president of Delta Xi. **PLEASE** read and **COMPLETE** this application correctly. Incomplete applications or those submitted after the **March 1** deadline will be returned to the PI.

Thank You,
The Research Committee of Delta Xi Chapter

Applicant(s) Signature(s):

Primary Investigator (PI) printed name: _____

PI's signature _____ Date _____

Home Address _____ Phone () _____

City _____ State _____ Zip _____

Work Address _____ Phone () _____

City _____ State _____ Zip _____

E-mail Address _____

Other researchers printed names and signatures:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Return this Form with your packet

Proposals will be blind reviewed. Please place the PI's name only on the places indicated.

INSTRUCTIONS FOR LETTER OF SUPPORT FOR STUDENTS

Sigma Theta Tau Application Code Number _____

Dear Project Advisor or Research Chair:

Below are the guidelines for writing a letter of support for a student requesting Sigma Theta Tau, Delta Xi Chapter Research funding. Please address each of these guidelines:

Please write a brief letter supporting this request for funding, including:

1. Applicants' ability to participate in this study.
 - a. The role of the individual writing the letter of support.
 - b. The estimated time frame of the study.
 - c. The appropriateness of budget for the amount of funds requested.
 - d. Address the letter to the president of Sigma Theta Tau, Delta Xi Chapter.
2. The student will submit the letter with the proposals. The letter must have an original signature.
3. The letter of support should NOT include the name of the student.
4. Refer to the president of Delta Xi with any questions.

Thank You,
Delta Xi Research Committee

PROPOSAL CHECKLIST

Sigma Theta Tau Application Code Number: _____

(To be RETURNED with your proposals)

Scoring Code: (5=high/excellent to 1=low/poor)

CONTENT	REVIEWER COMMENTS/SCORE
ABSTRACT	A summary (in 350-500 words or less) describing the design, instrument(s), procedures, relevance,... of the study (including the type of research being conducted). 1 2 3 4 5 Comments:
PURPOSE	Purpose of the study is clearly stated. What does the researcher aim to answer or accomplish? ALL hypothesis are identified. 1 2 3 4 5 Comments:
SIGNIFICANCE TO NURSING	How will this study impact on clinical or the theoretical basis of nursing practice? 1 2 3 4 5 Comments:
THEORETICAL FRAMEWORK	The theoretical framework/conceptual framework is identified with a clear link to the research question. Key concepts, variables and instruments(s) are identified. 1 2 3 4 5 Comments:

PROPOSAL CHECKLIST

Sigma Theta Tau Application Code Number: _____

(To be RETURNED with your proposals)

Scoring Code: (5=high/excellent to 1=low/poor)

CONTENT	REVIEWER COMMENTS/SCORE
<p>METHODS</p>	<p>Type of study is identified, e.g., qualitative or quantitative.</p> <p>The target population is identified:</p> <p>A. characteristics of the population</p> <p>B. number of subjects</p> <p>C. rationale for sample size</p> <p>D. sampling frame if appropriate</p> <p>1 2 3 4 5</p> <hr/> <p>A. method</p> <p>1 2 3 4 5</p> <hr/> <p>A. instrument(s) if applicable of instrumentation or study</p> <p>B. reliability & validity</p> <p>1 2 3 4 5</p> <hr/> <p>—</p> <p>A. security of collected data & subjects</p> <p>1 2 3 4 5</p> <hr/> <p>—</p> <p>Comments:</p>
<p>DATA ANALYSIS</p>	<p>Statistical or other methods of analysis are appropriate to answer the question(s).</p> <p>1 2 3 4 5</p> <p>Comments:</p>
<p>TIME FRAME</p>	<p>The study is currently underway with estimated dates stated:</p> <p>A. Date Started _____</p> <p>B. Estimated date of completion _____</p> <p>1 2 3 4 5</p> <p>Comments:</p>

PROPOSAL CHECKLIST

Sigma Theta Tau Application Code Number: _____

(To be RETURNED with your proposals)

Scoring Code: (5=high/excellent to 1=low/poor)

CONTENT	REVIEWER COMMENTS/SCORE
SUPPORT	Collaborative efforts and agreements are stated. All necessary resources to conduct the study are identified and quantified. Facilities/institutions to be used are identified as to their role in the study. 1 2 3 4 5 Comments:
BUDGET	A budget that validates a request for financial support is clearly outlined. Monies requested must be consistent with identified costs. Examples of costs: A. consultation fees B. statistical analysis C. mailing and Xeroxing D. technical support E. other costs 1 2 3 4 5 Comments:
REVIEWER SUMMARY:	TOTAL SCORE: _____ Comments

DOCUMENTS CHECKLIST

Sigma Theta Tau International Application Code Number: _____

(To be RETURNED with your proposals)

ITEM	Applicant to check	Reviewer to check
Four completed typed copies of the proposal are received prior to the March 1 deadline.	YES NO	YES NO
All instruments used are present including permission verification from established instruments.	YES NO NA	YES NO NA
Letter of support (For STUDENTS only)	YES NO NA	YES NO NA
Resume/CV of PI	YES NO	YES NO
Human subjects approval from: A. A university B. All Research Settings	YES NO	YES NO
A copy of Sigma Theta Tau membership card.	YES NO	YES NO
A copy of the PI current Registered Nurse license.	YES NO NA	YES NO NA

Thank you for submission of your application!