University of Arkansas  
Eleanor Mann School of Nursing  
Briton Endowed Award in Nursing  
Research in Women’s Health  
Proposal Application

**Purpose**  
The purpose of the Briton Endowed Award in Nursing is to encourage research by qualified nursing students who are learning to conduct research that will advance knowledge in the area of nursing science and practice in the area of women’s health.

**Applicant Criteria**  
Currently enrolled BSN or MSN student in good academic standing interested in women’s health.

**Application**  
Submit an application, a written research proposal, and the signed formal agreement for public report findings according to the guidelines to Lori Foster via email at llfoste@uark.edu or deliver to 324 Graduate Education Building.

**Award Criteria**  
1. Quality of written proposal.  
2. Contribution of the research proposed to nursing science and public benefit, or research that aids the scientific education of nursing students.

**Timeline**  
February: Call for proposals  
March 31, 2014: Application deadline  
April: Scholarship Committee submits recommendations to Dean’s Office  
May: Recipient Notified  
Fall 2014: Recipient implements research project  
Spring 2015: Recipient produces project findings to be shared with professional community and donor.

**Recognition Opportunities**  
Fall 2014: Recipient honored at the COEHP Scholarship Recipient and Benefactors Luncheon  
Spring 2015: Recipient recognized at COEHP Honors and Award Banquet
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1. Date: _____________________

2. Proposal Title: _________________________________________________________________________

3. Name of Principal Investigator: ________________________________________________________________
   Student ID #: __________________ Email Address: ______________________________
   Home address: ______________________________________________________________________________
   City: ___________________________ State: ________ ZIP/Postal Code ______________
   Home Phone: ________________________ Work Phone: __________________________________

4. Human subjects review? □ Yes ☑ No
   Consent form included in proposal? ☑ Yes □ No

Proposal Abstract
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Research Proposal Guidelines

1. **Title and Abstract**
   A title page and 100-word abstract are to accompany the proposal. The abstract should include the hypothesis, the specific variables and their measurements, the population and sample description and a statement of the design and analysis.

2. **Proposal Outline**
   The following areas are to be included in a proposal. American Psychological Association style of documentation is preferred.

   **Part I. The Problem**
   A. Statement of the problem or research question
   B. Hypotheses
   C. Definition of variables – theoretical and operational definitions (instruments)
   D. Theoretical framework and population
   E. Significance to nursing science

   **Part II. Methodology**
   A. Design
   B. Data collection procedure including official human subject reviews if conducted and a consent form
   C. Method of analysis

   **Part III. Bibliography and Appendixes**
   A. Bibliography or reference list
   B. Include consent form and instruments in the appendixes

   **Part IV. Plan for Dissemination of Results**

   **Part V. Faculty Mentor**
   A. Agreement to supervise project Fall/Spring
Research Grant Agreement Form

If my proposal is approved for the award, I agree to:
1. Accept responsibility for the scientific conduct of this study.
2. Submit a progress report at the end of the fall semester to faculty mentor.
3. Send a written final copy of the research and one abstract to the Director of the EMSON.
4. Acknowledge the grant support of Briton Endowed Scholarship in Women’s Health in the publication or presentation of the research findings.
5. Publish or present the findings of the research in a program sponsored by the Eleanor Mann School of Nursing, if invited to do so.

Title of Study: __________________________________________________________

Date signed: _____________________ Expected date of final report: ______________

Principal Investigator signature: ____________________________________________

Address: ______________________________________________________________

                                 City   State/Province   ZIP/Postal Code

Office Phone: _________________________________ Home Phone: ___________________________

Co-investigator signature(s): _____________________________________________________________

____________________________________________________________________________________

Name: ______________________________________________________________

Address: ______________________________________________________________

                                 City   State/Province   ZIP/Postal Code

Office Phone: _________________________________ Home Phone: ___________________________