Guidelines for Pi Theta Research Grants

I. Purpose of the Research Grants Program
The purpose of the research fund is to encourage research by qualified nurses and/or nursing students who are learning to conduct research that will advance knowledge in the area of nursing science and practice. The fund provides monies for the awarding of research grants to individuals.

II. Fund Sources
A. Pi Theta Chapter funds for the research grants will be included in the chapter budget.

III. Processing Fund Monies
A. The Finance Committee of Pi Theta will recommend funds in the budget from the general fund or designated funds for awarding research grants. This budget is approved by the chapter and administrated by the Pi Theta Board of Directors. The Treasurer expends monies from the research grant fund to the recipients.

B. The Pi Theta Board of Directors announces the research grants program. The Pi Theta Board of Directors approves the recommendations of the Awards Committee and may allocate additional funds for research grants on the basis of availability.

C. The Awards Committee reviews proposals; recommends the awards of research grants according to the policies of Pi Theta; notifies the applicants of the Board of Directors' decision; monitors fund usage by recipients; and secures reports of research findings for public dissemination. A five-year record should be kept by the Pi Theta Treasurer on all recipients of monetary awards. Information on recipients should include name and address, amount of award, and how the person was selected and criteria utilized. Applicant materials will be destroyed after the research awards are made. If a member of the Board of Directors is on a recommended award s/he will recuse him or herself from voting.

IV. Criteria for Awarding Research Grants
A. Applicant Criteria
Hold formal preparation in the conduct of nursing research and a baccalaureate or higher degree in nursing, or nursing students enrolled in a higher degree program in nursing with direct supervision of a qualified teacher meeting above criteria. (Applicant should submit supervisor’s CV.)

B. Application
1. Submit an application (see attached) and a written research proposal according to the guidelines.
2. Submit a signed formal agreement for money usage and public report findings.

C. Preference will be given to Sigma Theta Tau International members, other attributes being equal. No member of the awards committee is eligible for funding while on the committee.
D. Competitive Basis for Fund Allocation
   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.
   3. Research proposal budget.
   4. Research fund budget and number of proposals submitted.
V. Grant Allocation
The amount of a research grant will be determined by the amount of funds requested, the number of requests and the availability of monies in the chapter scholarship fund. (The Finance Committee will establish a maximum amount to be awarded to each applicant.)

VI. Awards Committee
The Awards Committee consists of three appointed chapter members. It is recommended that one member hold an earned doctorate. The Pi Theta Treasurer serves as ex-officio on the committee.

VII. Publicity
A. The Awards Committee will prepare a flier listing the criteria and selection process for distribution in media outlets (see attached template).
B. A final report on from the Awards Committee will be provided at the annual meeting.
C. Awards may be reported in chapter newsletters
D. Completion of any studies or other accomplishments of recipients will be announced in chapter newsletters.

VIII. Research Application Deadlines
A. Determined by the Board of Directors.


Adopted by the Pi Theta Board of Directors in 2007
Pi Theta Chapter
Sigma Theta Tau International
Research Proposal Application

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.

Empirical Research Proposal

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. Instrument reliability and validity
   c. Data collection procedure including official human subject reviews if conducted and a consent form
   d. Sample, size and sampling procedure
   e. Method of analysis

Part III. Bibliography and Appendixes
   a. Bibliography or reference list
   b. Include letters, forms and instruments n the appendixes
   c. Investigator(s) curriculum vitae

Part IV. Budget – Detail the Amount Requested
   a. Personnel
   b. Supplies
   c. Equipment
   d. Travel
   e. Computer
   a. Other
Pi Theta Chapter  
Sigma Theta Tau International  
Research Proposals  
DEADLINE: Nov. 15, 2013

Maximum Amount of Research Award $2000

**Purpose**
The purpose of the research fund is to encourage research by qualified nurses and/or nursing students who are learning to conduct research that will advance knowledge in the area of nursing science and practice. The fund provides monies for the awarding of research grants to individuals.

**Applicant Criteria**
Hold formal preparation in the conduct of nursing research and a baccalaureate or higher degree in nursing, or nursing students enrolled in a higher degree program in nursing with direct supervision of a qualified teacher meeting above criteria. (Applicant should submit supervisor’s CV.)

**Application**
Submit an application, a written research proposal, and the signed formal agreement for money usage and public report findings according to the guidelines to Dr. Kathleen Barta, RN at 606 Razorback Rd., Fayetteville, AR 72701 or by email attachment to kbarta@uark.edu

Preference will be given to Sigma Theta Tau International members, other attributes being equal. No member of the awards committee or the chapter board of directors is eligible for funding while in office.

**Competitive Basis for Fund Allocation**
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.
3. Research proposal budget.
4. Research fund budget and number of proposals submitted.

**Timeline**

<table>
<thead>
<tr>
<th>Month</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>Announcement of call for research proposals</td>
</tr>
<tr>
<td>November</td>
<td>Application deadline</td>
</tr>
<tr>
<td>December</td>
<td>Awards Committee submits recommendations to the Pi Theta Board of Directors for approval. Pi Theta Treasurer disperses funds to recipient(s).</td>
</tr>
<tr>
<td>May</td>
<td>Recipient(s) honored at the Pi Theta Annual meeting.</td>
</tr>
</tbody>
</table>
Pi Theta Chapter Research Grant
Agreement Form

If my proposal is approved for funding, I agree to:
1. Accept responsibility for the scientific conduct of this study.
2. Expend the funds as described in the proposal, and return unused funds to the treasurer of the Pi Theta chapter.
3. Submit a progress report (semi-annually) until the study is complete.
4. Send a written final copy of the research and one abstract to the secretary of the chapter.
5. Acknowledge the grant support of Pi Theta Chapter of Sigma Theta Tau International in the publication or presentation of the research findings.
6. Publish or present the findings of the research in a program sponsored by Pi Theta Chapter, 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): ________________________________________________

Addresses:  Name: _________________________________________________________

Address: ________________________________________________________________

Phone: _________________________________________________________________

Name: _________________________________________________________________

Address: ________________________________________________________________

Phone: _________________________________________________________________

Name: _________________________________________________________________

Address: ________________________________________________________________

Phone: _________________________________________________________________

Data collection dates: ___________________  ___________________  ___________________
Pi Theta Chapter Research Grant
Application Form

1. Date: ______________________________  2. Title: _______________________________

3. Name of Principal Investigator: _______________________________________________________
   Home address: ______________________________________________________________________
   City: _______________________________  State: __________ ZIP/Postal Code ________________
   Home Phone: ________________________  Work Phone: ________________________________

4. Registered nurse in state(s) of: __________  License #: ________________________________
   a. Sigma Theta Tau member: ☐ Yes ☐ No  Chapter: ____________________________________

5. Previous Sigma Theta Tau International Research Awards:
   None:
   Chapter: ______________________________
   International: _________________________

6. Have you applied for or are you now receiving support for this research? ☐ Yes ☐ No
   If yes, list agency: ______________________________  Amount requested/received: ______________________________
   If other support is received, please notify ___________________ Chapter Awards Committee Chair.

7. Human subjects review? ☐ Yes ☐ No  Consent form included in proposal? ☐ Yes ☐ No

8. Co-investigator? ☐ Yes ☐ No  If yes, CV attached ☐
   Name: _______________________________________________________________________
   Address: _______________________________________________________________________
   Phone: (H) ________________ (B) ________________  Phone: (H) ________________ (B) ________________

9. Information completed by student(s)
   Degree sought: ______________________________  Expected date: ______________________________
   Specify the amount of the program completed to date: ______________________________
   Courses completed are listed in Part III-C of the proposal ______________________________
   University: ______________________________  College: ______________________________
   Department: ______________________________  Major: ______________________________
   Minor(s) (if applicable): ______________________________

Name of Research Advisor, academic credentials (attach CV) and qualifications: ________________
Letter from advisor is included in Part III of the proposal: ☐
10. Total amount of budget requested in US dollars: $_________________

11. Please check the materials accompanying this application:
   - [ ] Research Grant Agreement
   - [ ] Research Grant Proposal
   - [ ] Other ____________________________

---

This section below is to be completed by the Chapter.

A. Approval date: ____________________________

B. Award granted: $__________________________

   Chapter Research Committee Chair Signature: ____________________________

C. Progress Reports:
   - Date: ____________________________
   - Date: ____________________________
   - Date: ____________________________
   - Date: ____________________________

   Study completed (date): ____________________________

   Monies used: ____________________________

   Monies returned: ____________________________

   Final report date: ____________________________

Send to Dr. Kathleen Barta, RN at Epley Center for Health Professions, 606 Razorback Rd., Fayetteville, AR 72701 or by email attachment to kbarta@uark.edu by Dec. 15, 2013.