

Sigma Theta Tau International Honor Society of Nursing, Rho Chapter

Application for Research/Evidence-Based Project Grant

1. Name _____

2. Phone _____

3. Address _____

4. Employer _____

5. Positions _____

6. If student, program: _____

7. Expected graduation date: _____

8. Educational Background:

Institution/	Location	Dates	Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. List professional organizations to which you belong and any positions held:

10. Attach a list of publications and/or papers presented at state, regional, or national meetings.

11. Have you previously applied for a Research/Evidence-Based Project Grant?

If yes, was your project funded? _____ For what amount? _____

12. This project is (check one) Research Evidence-Based

a. Title of Project: _____

b. Anticipated (or actual) starting date: _____

c. Other Research/EBP Project Team members _____

(Each member wishing acknowledgement should complete a separate form.)

d. Have you received funds from other sources for this projects?

If yes, where: _____ Amount rec'd: _____

PROJECT GRANT AGREEMENT:

The information included in this application is correct to the best of my knowledge. If my proposal is funded by the Research and Evidence-Based Projects Funding Committee, I agree to use the grant for purposes described in the application and to return any excess funds to the chairperson of the committee. I agree to acknowledge Sigma Theta Tau for their support in all future presentations/publications regarding this project.

Signed: _____ Date: _____

Please direct any questions to: Jane Anderson, (H) 994-3312 Email: janea@umich.edu