

EPSILON ETA CHAPTER  
SIGMA THETA TAU INTERNATIONAL  
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE  
DOCTORAL or Evidence Based Project RESEARCH AWARD

**Purpose:** The purpose of this award is to assist members of Epsilon Eta Chapter, Sigma Theta Tau International, complete their scholarly evidence-based projects or dissertation research. The applicant must be at the proposal phase of their project/dissertation to apply.

**General instructions for applicants**

- A. Submit an electronic copy of the following to Dr. Christine Durbin, Awards Committee Chair at [cdurbin@siue.edu](mailto:cdurbin@siue.edu) BY **March 29, 2013**
1. Application form
  2. Proposal- no more than 5 pages describing your dissertation or EBP project (see guidelines below)
  3. Statement of IRB approval or plan for approval if required.
  4. A letter of support from the student's Doctoral Committee or Project Chairperson is required. The letter of support should clearly indicate:
    - That the student is in her/his dissertation phase/project implementation phase of the program
    - The number of credit hours completed towards degree
  5. An electronic copy of the application packet.

**Policies for the research grant**

- A. A sub-committee of the Awards Committee of Epsilon Eta will review all applications.
- B. The Awards Committee determines the awarding of funds according to specific evaluation criteria.
- C. A grant of up to \$500.00 will be awarded, depending on funds available
- D. Application deadline: April 5
- E. Applicants will be notified by: April 19
- F. The grant will be awarded at the Annual Business Meeting in April, 2013 where the the applicant is expected to attend as a guest of STTI.

Attachments: Application (narration & budget)  
Evaluation Criteria

EPSILON ETA CHAPTER  
SIGMA THETA TAU INTERNATIONAL  
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

**APPLICATION FOR RESEARCH/EBP GRANT**

DATE: \_\_\_\_\_

**A. APPLICATION INFORMATION**

1. Title of Project/Dissertation: \_\_\_\_\_  
\_\_\_\_\_

2. Applicant's Name: \_\_\_\_\_

3. Employing institution or school where currently enrolled:  
\_\_\_\_\_

4. Dissertation or project chair or director: \_\_\_\_\_  
Email: \_\_\_\_\_

5. Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_

6. Business Phone: (    ) \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

7. STTI Membership number: \_\_\_\_\_ Epsilon Eta member? \_\_\_\_\_

**B.** A Curriculum Vitae that includes education, work experience, research experience, honors/publications and previous funding related to this project/dissertation. Include any related experience to support qualifications for completing this project (training, education).

**C. ATTACH A COPY OF THE PROPOSAL**

The proposal must address the following areas:

- Significance of the problem to nursing and health care
- The framework used to develop the study
- Specific aims/research questions or a purpose that guides the study/project

- The specific design (outlined in sufficient detail to allow the reader to understand all aspects related to the use of human subjects or data) or plan for implementation
- All tools or data collection instruments or description of proposed development
- Plan for IRB approval or copy of approval, if appropriate
- A detailed plan for the data analysis/evaluation
- Appropriate reference list, and
- A time table for completion of the project.
- *The proposal shall be no more than 5 pages, excluding references*

D. Include letter of support from the project/dissertation chair or director.

## E. AGREEMENT

### **If my proposal is approved, I agree to:**

1. Assume full responsibility for the conduct and completion of this project according to the study proposal. I agree to use these funds solely for the conduct of this study/project. I will provide the Epsilon Eta Chapter Board of Directors with a final report upon completion of the project.
2. Present results of this research within two years of receiving award at the Annual Epsilon Eta Chapter Business meeting or other invited research related event.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

## EVALUATION CRITERIA

To be completed by three reviewers selected by the Chairperson of Awards Committee:

Indicate your evaluation of the following items using the rate scale of 1 (lowest) to 5 (highest).

1. Significance of the research questions/problem clearly stated	1	2	3	4	5
2. Appropriateness of the guiding framework.	1	2	3	4	5
3. Clarity of the specific aims/research questions	1	2	3	4	5
4. Appropriateness of the study design/plan	1	2	3	4	5
5. Appropriateness of the data collection tools/ Instruments for purpose intended	1	2	3	4	5
6. Appropriateness of the plan for data analysis/ evaluation.	1	2	3	4	5
7. Appropriateness of the proposed time frame.	1	2	3	4	5
8. Applicant's qualifications in terms of background.	1	2	3	4	5
9. Overall opinion to award funds Any limitations? _____	Yes			No	

### Other Comments

Rating Priority Score (8 is the lowest; 40 is the highest): \_\_\_\_\_