Sigma Theta Tau International
Omicron Tau Chapter
Scholarship and Research Program

Sigma Theta Tau International (STTI), Omicron Tau Chapter Scholarship and Research program exists to enable nurses to advance their knowledge in the areas chosen by the individual nurse, including but not limited to nursing research and current issues in nursing.

Purpose

To facilitate scholarship and research opportunities for our chapter members through a grant application process.

Criteria for Awarding Scholarships

A. Applicant Criteria
   1. Active STTI member who is in good standing with Omicron Tau.
   2. Registered nurse with a minimum of a Baccalaureate degree in nursing.
   3. Nursing student enrolled in a higher degree program in nursing.

B. Application
   1. Submit an application and a written statement of personal and professional goals in nursing.
   2. Signed formal agreement for money usage and public report of findings.
   3. Attachments:
      a. Transcript of undergraduate records and graduate work completed.
      b. Letters of recommendation from two faculty members and one professional associate
      Omicron Tau members:
         a. Vitae or portfolio of nursing practice experience (publications, professional organization involvement, presentations, leadership and practice experience.)

C. Applicant must be a current Sigma Theta Tau International member and belong to Omicron Tau.

D. Competitive basis for fund allocation
   1. Quality of written goals
   2. Contribution or potential contribution to nursing knowledge and public benefit
   3. Proposal budget
   4. Award fund budget and number of proposals submitted.

Scholarship/ Research Award Allocation

The amount of an award will be determined by the amount of funds requested, the number of requests and the availability of monies in the chapter scholarship/research program fund. The maximum amount to be awarded per applicant is $500.00.

Selection Committee

The selection committee shall consist of the Scholarship and Research Committee of Omicron Tau. This committee has three appointed chapter members who have
experience in conducting nursing research and scholarship activities. One member will hold an earned doctorate if graduate students are considered. One chapter officer should be designated as ex-officio, the Treasurer.

Publicity

A. Widely publicizing availability of the Scholarship and Research grant.
B. Publicizing the criteria for awarding scholarships and research grants and the selection process.
C. Grant recipients publicized.
D. Final reports should be made available at chapter meetings, chapter communications (i.e. chapter newsletter), and/or poster presentation.
E. Submission within one year from the date of receipt of funds, after which reimbursement will no longer be available for that scholarship/research grant.
F. Reimbursement will be sent to recipients after submission requirements have been met.

Scholarship Application Deadlines

Applications are due by February of each year to the Scholarship and Research Committee for review with committee recommendations forwarded to the Board of Directors for final approval at the March business meeting. Grant recipients will be announced at the annual Spring Induction ceremony and publicized in the Omicron Tau chapter newsletter.
Omicron Tau Chapter  
Sigma Theta Tau International  
Scholarship and Research Grant  
Agreement Form

If my proposal is approved for funding, I agree to:

1. Accept responsibility for the professional conduct of this study.
2. Expend the funds as described in the proposal, and return unused funds to the treasurer of the Omicron Tau chapter.
3. Submit a progress report (semi-annually) until the study is complete.
4. Send a written final copy of the report to the Scholarship and Research Committee.
5. Acknowledge the grant support of Omicron Tau Chapter of Sigma Theta Tau International in the publication or presentation of the findings.
6. Publish or present the findings of the report in a program sponsored by Omicron Tau Chapter, if invited to do so.

Title of Study: ____________________________________________________________

Date signed: ______________ Expected date of final report: ______________________

Principal Leader signature: __________________________________________________

Address: _________________________________________________________________

City __________________________ State/Province __________________________ ZIP/Postal Code ________________

Office Phone: ______________________ Home Phone: ______________________

Email Address: __________________________________________________________

Co-leader signature(s): ___________________________________________________

________________________________________________________

Addresses:  
Name: _________________________________________________________________  
Address: _______________________________________________________________  
Phone: _______________________________  
Email Address: __________________________________________________________

Name: _______________________________  
Address: _______________________________________________________________  
Phone: _______________________________  
Email Address: __________________________________________________________

Name: _______________________________  
Address: _______________________________________________________________  
Phone: _______________________________  
Email Address: __________________________________________________________
Date: _____________________________________

Title: __________________________________________________________________________

Principal Leader signature: _________________________________________________________

Address: _______________________________________________________________________  City   State/Province    ZIP/Postal Code

Office Phone: ___________________________   Home Phone: _____________________________

Email Address: _________________________________________________________________

Sigma Theta Tau Member:  □ Yes   □ No   Year Inducted: _______________________

Omicron Tau Chapter Member:  □ Yes   □ No

Co-leader signature(s): __________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Addresses:

Name: ____________________________________________
Address: _______________________________________
Phone: _____________________________
Email Address: _____________________________

Name: _______________________________________
Address: ___________________________________
Phone: _____________________________
Email Address: _____________________________

Name: _______________________________________
Address: ___________________________________
Phone: _____________________________
Email Address: _____________________________

Have you applied for or are you now receiving support for this study?  :  □ Yes   □ No

If yes, list agency: ___________________________   Amount requested/received: __________

If other support is received, please notify Omicron Tau Chapter’s Scholarship and Research Committee Chair.

Complete if a student:

Degree sought: _______________   Expected Date: _______________________

Specify the amount of the program completed to date: _______________________

University: ________________________   Major: ____________________________
Total amount of budget requested in US dollars: $________________

Monies approved will be awarded as follows: one half awarded up front with the remainder awarded upon completion of the project.

Please check the materials accompanying this application:

  Grant Agreement
  Grant Proposal
  Other ________________________________

Signature: ________________________________ Date: ________________________________

This section below is to be completed by the Chapter.

A. Approval date: ________________________________

B. Award granted: $__________________________

Chapter Scholarship and Research Committee Chair Signature: ________________________________

Chapter Treasurer Signature: ________________________________

C. Progress Reports:

  Date: ________________________________
  Date: ________________________________
  Date: ________________________________
  Date: ________________________________
  Date: ________________________________

Study completed (date): ________________________________

Monies used: ________________________________

Monies returned: ________________________________

Final report date: ________________________________