

THETA KAPPA CHAPTER

College of Nursing
University of Massachusetts Dartmouth, No. Dartmouth, MA

*Sigma
Theta
Tau*



Theta Kappa Research Grant Application Form Cover Sheet

Date:

Title of Research Proposal: _____

1. Principal Investigator:

Name and Credentials: _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____ e-mail: _____

2. Co-Investigator:

Name and Credentials: _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____ e-mail: _____

3. Theta Kappa Member

Principle investigator: Yes ___ No ___

Co-Investigator: Yes ___ No ___

4. Have you applied for or are you now receiving funding support for this research?

Yes ___ No ___

If yes, list agency and amount of support requested and/or received?

5. IRB:

Have you applied for IRB review:

Yes ___ No ___ If no, describe plans to submit research for IRB review.

Include consent forms in the application packet.

***Funds will only be released upon receipt of documentation indicating IRB approval.**

6. Students only:

Name of research advisor: _____

Include a letter of support from advisor in application packet.

Research Application Checklist: (please include the following in your application)

- Proposal Cover Form
- Abstract

- Narrative
- Budget and Budget Justification
- Timeframe
- References
- Appendices (including consent forms and letter of advisor support, if applicable)
- Bio Sketch

If funding is approved I agree to do the following:

- Accept responsibility for the scientific conduct of this study
- Expend the funds as described in the proposal
- Return unused funds to the treasurer of the Theta Kappa Chapter
- Submit a progress report every six months until the study is complete
- Send a written final report of study findings to the President, Theta Kappa
- Acknowledge grant support from Theta Kappa Chapter of Sigma Theta Tau International in all publications or presentations of the research findings
- Present the findings of the research in a Theta Kappa program.

Principal Investigator (print): _____

Signature: _____

Date: _____