Sigma Theta Tau, International
 Theta Pi Chapter
 Research Grant Application Form

Name: _____________________________________________ _______________________

Campus Address: _______________________ Home Address: ___________________
_______________________________ ____________________________

Local Phone: _______________________ Home Phone: ____________________
(or cell) ________________________

( or cell)
e-mail address: ___________________________________ __________________________

Title of Project: _________________________________ ____________________________

Contribution (or potential) to nursing or public benefit:

Please complete the following checklist by placing a checkmark against each item to be sure your
application is complete and attach the following:

<table>
<thead>
<tr>
<th>Transcript of undergraduate and/or graduate work completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
</tr>
<tr>
<td>Research Proposal</td>
</tr>
<tr>
<td>Resume or Curriculum Vitae</td>
</tr>
<tr>
<td>Preliminary Agency Approval (if required)</td>
</tr>
</tbody>
</table>

________________________________________
Signature of Applicant and Date

Application Deadline: Friday, March 13, 2009
Announcement: Sunday, April 19, 2009