

Theta Kappa Chapter

Theta Kappa Research Grant Application Form Cover Sheet

Date:									
Title of Research Propo	sal:				_				
1. Principal Investigator	r.								
Name and Credentials: _									
Mailing Address									
City	State		Zip						
Telephone:		Fax:		e-1	mail:		_		
2. Co-Investigator:									
Name and Credentials: _									
Mailing Address									
City	State		Zip						
Telephone:	_	Fax:	_ ,	e-1	mail:				
4. Have you applied for Yes No If yes, list agency				J		-		esearch?	
5. IRB:									
Have you applied	l for IRB	review	7:						
Yes No	If no, de	scribe j	plans to s	submit	research	for IR	3 review	7.	
Include consent f *Funds will only					ocumer	ntation	indicati	ng IRB a	pproval.
6. Students only: Name of research	n/scholar	ly proje	ect adviso	or:					
Include a letter o	f support	from a	dvisor in	annlic	ation na	cket			

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

- o Proposal Cover Form
- Abstract
- Narrative
- o Budget and Budget Justification
- o Timeframe
- o References
- o Appendices (including consent forms and letter of advisor support, if applicable)
- o 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 In	vestigator (print):		
Signature:			
Date:		_	