



**Sigma Theta Tau International Honor Society of Nursing  
Alpha Tau Chapter  
of**

**RUTGERS**  
School of Nursing

**cordially invites you to the  
Annual Induction Ceremony**

Sunday, the 7<sup>th</sup> of May, Two Thousand and seventeen  
at Eleven O'clock AM

**PINES MANOR**  
2085 Route 27, Edison, NJ 08817  
<http://www.pinesmanor.com>

**Sherry Stein, MS, RN, APN**  
Alpha Tau President  
Administrative Director, Hospital Based Providers/Robert Wood Johnson University Hospital  
*Keynote Speaker*  
*"Every leader is not a born leader: Leadership comes in various shapes, sizes & forms"*

**REGISTRATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Student: \$15 per person \_\_\_\_\_ Guest or Faculty: \$30 per person \_\_\_\_\_  
Number Attending: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

**Make check payable to Alpha Tau**  
Send completed registration form and check by **April 24, 2017** to:  
**Amita Avadhani, DNP, DCC, ACNP, ANP, APN, CCRN**  
65 Bergen St. SSB- Rm 1138, Newark, NJ 07107  
e-Mail: [avadhaam@sn.rutgers.edu](mailto:avadhaam@sn.rutgers.edu)



# Sigma Theta Tau International Honor Society of Nursing®

Alpha Tau Chapter, Rutgers University School of Nursing

## RESEARCH GRANT AWARD APPLICATION FORM

Date: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Principle Investigator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Include copy of current C.V.**

Previous STTI Research Awards: None  Regional  International

Have you applied for or are you now receiving support for this research? Yes  No

If yes, please list agency and amount requested/received:

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Human Subjects Review completed? Yes  No  Pending

If yes, please include approval letter and consent form with application.

Is this dissertation research? Yes  No  Proposal approval form or letter provided

Email completed application by **April 15, 2017** to:  
Barbara L. Cannella, PhD, RNC-OB, APN  
at [cannella@rutgers.edu](mailto:cannella@rutgers.edu)

## RESEARCH GRANT AWARD AGREEMENT FORM

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

- Accept responsibility for the scientific conduct of this study
- Expend the funds as described in the proposal, and return unused funds to the treasurer of the Alpha Tau Chapter
- Submit a progress report (semi-annually) until the study is complete
- Send a written final copy of the research and one abstract to the secretary of the chapter
- Acknowledge the grant support of the Alpha Tau Chapter of Sigma Theta Tau in any publications  
or presentations of the research findings
- Present the findings of the study in a program sponsored by the Alpha Tau Chapter when invited to do so

Title of Study: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Expected Date of Final Report: \_\_\_\_\_

\*Principle Investigator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_

\*Co-Investigator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Co-Investigator Signature: \_\_\_\_\_

## RESEARCH GRANT AWARD BUDGET

Item	Amount
1. Personnel costs: consultants, research assistants, statisticians, transcriptionists, etc. (PIs and Co-Is are NOT permitted to request salary support for themselves)	
2. Supplies, software and equipment:	
<b>3. Participant incentives:</b>	
<b>4. Miscellaneous:</b>	
<b>Total budget</b>	

Four recipients of the Research Awards (500 dollars each maximum) will be selected by the Alpha Tau Executive Board and be the Chapter guests at the annual May 7, 2017 Alpha Tau Induction Ceremony where the Research awards will be presented.