

Rutgers, The State University of New Jersey School of Nursing

<u>rutgersalphatau@gmail.com</u> Follow us: <u>Facebook Instagram Twitter</u>

DR. SHERRY STEIN MEMORIAL SCHOLARSHIP AWARD Scholarship Application DEADLINE - March 7, 2025

The Dr. Sherry Stein Memorial Scholarship Award was created to honor the dedication of the late Dr. Sherry Stein. She devoted her life to caring for others, starting as an Emergency Medical Technician, and Critical Care Technician, and progressing into a Doctor of Nursing Practice, a career of over twenty-four years. Sherry was known for her passion, persistence, and fighting spirit; never worrying about herself or what it would take to help others. For over 12 years, Dr. Stein was an educator at Rutgers University, School of Nursing, and Chief Advanced Practice Provider at RWJBH University Hospital in New Brunswick. She leaves an enduring legacy of clinical experience and a division of over 120 Advanced Practice Providers.

Her legacy within Alpha Tau Chapter includes being the chapter's President for many years. She committed herself to ensure the chapter was successful until her last moments. Sigma Theta Tau International Honor Society, Alpha Tau Chapter aligns with our founder's beliefs of education, scholarship, professional advancement, excellence in practice, and the importance of research. Alpha Tau honors such beliefs through the Dr. Sherry Stein Memorial Scholarship Award. Our chapter encourages all Doctor of Nursing Practice (DNP) track students who are pursuing a degree as an Advanced Practice Nurse to apply.

One \$1,000.00 scholarship will be awarded. The recipient must attend Alpha Tau's Induction Ceremony on April 6, 2025.

ELIGIBILITY

- 1. The applicant must be enrolled in any Doctoral of Nursing Practice program of Advanced Nursing Practice in any Rutgers University, School of Nursing campuses (Newark, New Brunswick, or Blackwood).
- 2. Applicants must have at least two semesters of classes completed.
- 3. The applicant must have a minimum cumulative GPA of 3.50 or higher.
- 4. Must be a member of the Alpha Tau chapter.

GUIDELINES

- 1. Completed application sent via email OR filled online. Only one submission.
- Curriculum vitae or resume.
- 3. An official or unofficial school transcript.
- 4. Copy of the approval letter and stamped consent from Human Subjects Review Board (IRB), if applicable. 5. Copy of the proposal approval letter of the DNP project, if applicable.

SELECTION PROCESS

Applications will be reviewed for completeness, accuracy, and demonstration of academic and leadership excellence. The Alpha Tau Scholarship Committee evaluates, utilizes a rubric for scoring, and selects the scholarship recipient. Awardees will be notified prior to the Induction Ceremony. **All decisions are final**.

SUBMISSION

- Complete application packet must be submitted as one file to rutgersalphatau@gmail.com
- Please ensure checklist items are completed before submission. Incomplete applications will not be considered.
- DEADLINE March 7, 2025, by 11:59 PM. Late or incomplete submissions will not be reviewed. Scholarship recipients will be recognized at the annual induction ceremony, **April 6, 2025**. Scholarship recipients are expected to attend the ceremony.

RESEARCH GRANT AWARD AGREEMENT

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

- Accept responsibility for the scientific conduct of this study
- 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

SECTION I – DEMOGRAPHICS
Name:
Last First Middle
Mailing Address: Street Address City State Zip
Permanent Address: Street Address City State Zip Home Phone: Cell Phone: Work Phone: Academic E-mail:
Personal E-mail:
Sigma, Alpha Tau ID number:
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 the agency and amount requested/received:
SECTION II – STUDY INFORMATION
Human Subjects Review (IRB) completed? [] Yes [] No [] Pending Type of IRB:
Is this dissertation research? [] Yes [] No
Title of Study:
Background:

Please complete it entirely. Non-applicable items/questions should indicate N/A.

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Purpose:	
Abstract:	
Sample:	
Sample size:	
Location:	
Study length:	
Methodology:	
Analytical software:	
Tools:	
SECTION III – PRINCIPAL INVESTIGATOR DEMOGRAPHICS Principle Investigator:	
Mailing Address:	Last First Middle
Street Address City State Zip	
Permanent Address:	
Street Address City State Zip Home Phone:	
Cell Phone:	
Work Phone:	
Academic E-mail:	
Personal E-mail:	

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SECTION IV – CO-PRINCIPAL INVESTIGATOR DEMOGRAPHICS
Co-Principle Investigator: Last First Middle
Mailing Address:
Street Address City State Zip
Permanent Address:
Street Address City State Zip Home Phone: Cell Phone: Work Phone: Academic E-mail:
Personal E-mail:
SECTION V – RESEARCH BUDGET
Please provide explanation and details of budget in separate Word document.
ITEM BUDGET
Personnel costs (Statistician, RAs, Translator, etc.). Pls and Co-Is are NOT
permitted to request salary support for themselves.
Supplies, software, and equipment

Participant incentives

Miscellaneous TOTAL BUDGET