

Kappa Omega Research Grant Call for Proposals



Purpose – The purpose of the Kappa Omega Research Grant is to support individual member’s research to enhance the practice of nursing.

Application Deadline and Award – Kappa Omega will award Research Grants annually. Up to two different grants will be awarded each fiscal year. Each grant is awarded for \$500. A blind review of grant proposals will occur in order to select those to be funded.

Eligibility Criteria

1. The principal investigator must be and remain a member of Kappa Omega in good standing.
2. Application for the Research Grant must be for a study, either proposed or underway, that has not been completed prior to the application deadline.
3. The proposal should be no more than 5 pages (double spaced).

Research Proposal

1. Must include a problem statement which identifies a specific research question.
2. Include the specific research aims/purpose.
4. Provide background information about the existing body of knowledge and elaborate how this study will enhance nursing practice.
5. Describe the format of the study including the following: design, study sample, site or any variables you will describe and test, include a copy (appendix attached to proposal) of any instruments utilized including validity and reliability of these instruments (if appropriate).
6. Describe how data will be collected and analyzed.
7. Provide a proposed timetable for completion (within 18 months).
8. Include a budget
9. References using APA 6th Edition (not included in the 5 page narrative).

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Attestation Statement to be submitted with grant proposal (Not included in page limit)

I, _____ (print your name), certify the enclosed information is accurate and true to the best of my knowledge. I understand that misrepresentation may result in forfeiture of the grant.

If I am awarded the grant, I agree to complete the designated grant and present the findings to a Kappa Omega function following the completion of the grant.

Kappa Omega does not discriminate on the basis of race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any characteristic prohibited by law.

Signature of Applicant

Date

For more Information:

Julie C. Freeman, DNP, ACNP-BC, MSN
Graduate Program Coordinator
College of Nursing and Health Sciences
Auburn University at Montgomery
POB 244023
Montgomery, AL 36124
Jfreema3@aum.edu

Send Completed Application to:

Julie C. Freeman, DNP, ACNP-BC, MSN
Graduate Program Coordinator
College of Nursing and Health Sciences
Auburn University at Montgomery
POB 244023
Montgomery, AL 36124
Jfreema3@aum.edu

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Please include this information on a separate page of the proposal. Not included in page limit.

Applicant Information

Date: _____

Name

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

Zip Code

State

<input type="text"/>	<input type="text"/>
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Telephone

Email

Title of the Grant Proposal:
