



CUPHSONAA, INC.

THE COLUMBIA UNIVERSITY-PRESBYTERIAN HOSPITAL
SCHOOL OF NURSING ALUMNI ASSOCIATION, INC.

480 MAMARONECK AVE.,

HARRISON, NY 10528

TEL: (914) 481-5787

FAX: (914) 481-5788

ADMIN@CUPHSONAA.ORG

APPLICATION FOR RESEARCH GRANT

NAME:		
CLASS OF:		
ADDRESS:		STREET
		CITY,
		ST, ZIP
TELEPHONE(S) AND FAX:		(H) (C)
		(W) (F)
E-MAIL:		
PLEASE COMPLETE THE APPLICATION AND MAIL IT ALONG WITH ALL REQUIRED DOCUMENTS TO THE ADDRESS ABOVE.		
ATTACH A PROPOSAL THAT INCLUDES A STATEMENT OF THE PROBLEM, RESEARCH QUESTION, DESIGN, SAMPLING PLAN, ANALYSIS PLAN, HUMAN SUBJECT'S PROTECTION, AND TIMELINE WITH YOUR APPLICATION.		
PLEASE CHECK IF YOU ARE A/AN:	<input type="checkbox"/> ALUMNI <input type="checkbox"/> FULL TIME FACULTY MEMBER OF THE CU SCHOOL OF NURSING <input type="checkbox"/> NON-ALUMNI STUDENT (ENROLLED/MATRICULATED IN THE DOCTORAL PROGRAM AT THE COLUMBIA UNIVERSITY SCHOOL OF NURSING)	
DOCTORAL STUDENTS ARE ASKED TO SUBMIT A LETTER FROM THEIR RESEARCH ADVISOR / CHAIRPERSON INDICATING APPROVAL OF RESEARCH PLAN BY DISSERTATION COMMITTEE AND THAT THE STUDENT IS IN "GOOD STANDING" WITH A GPA AT 3.0 OR ABOVE.		
DOCTORAL AND OTHER RESEARCH CANDIDATES AS APPLICABLE, PLEASE RESPOND TO THE FOLLOWING:		
DEGREE SOUGHT:		
DATE OF ADMISSION TO CANDIDACY:		
DATE OF EXPECTED COMPLETION:		

DATE OF APPROVAL OF DISSERTATION PROPOSAL:	
DEPARTMENT:	
MAJOR:	
NAME / TITLE OF RESEARCH:	
ADVISOR / CHAIRPERSON:	
ADVISOR'S TELEPHONE:	
ADVISOR'S E-MAIL:	
TITLE OF PROJECT:	
PRINCIPAL INVESTIGATOR/ APPLICANT:	
ARE YOU FACULTY TEACHING IN THE COLUMBIA UNIVERSITY SCHOOL OF NURSING?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS PROPOSAL FOR DISSERTATION RESEARCH? IF YES COMPLETE THE FORM ABOVE.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
UNIVERSITY GRANTING THE DEGREE:	
DEPARTMENT:	
TO BE COMPLETED BY ALL APPLICANTS	
EMPLOYER: (IF APPLICABLE)	
REGISTERED NURSE IN THE STATE OF:	
LICENSE (S)#:	
AMOUNT REQUESTED FROM THIS ASSOCIATION:	
<p>*NOTE: IF OTHER SUPPORT REQUESTED IS RECEIVED, IT IS EXPECTED THAT YOU WILL SUBMIT A COPY OF YOUR FUNDING NOTICE TO CUPHSONAA, INC. OFFICE FOR YOUR GRANT FILE. IT IS UNDERSTOOD THE PRINCIPAL INVESTIGATOR WILL NOT ACCEPT DUPLICATE FUNDING; HOWEVER PARTIAL FUNDING FOR THE PROJECT CAN BE PROVIDED BY MORE THAN ONE SOURCE.</p>	
HUMAN SUBJECTS INVOLVED?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
ANIMAL SUBJECTS INVOLVED?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

INSTITUTIONAL REVIEW BOARD ACTION (INCLUDE A COPY OF THE APPROVAL).		
IS GUIDANCE FOR THE RESEARCH PROJECT PROVIDED BY A SENIOR NURSE RESEARCHER MENTOR / PRECEPTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE PROVIDE INFORMATION ON THE SENIOR NURSE RESEARCHER MENTOR/ PRECEPTOR:		
INSTITUTIONAL AFFILIATION:		
NAME:	FIRST:	
CLASS OF:		
ADDRESS:	STREET:	
WHERE MAIL WILL REACH YOU.	CITY:	
	ST.	ZIP:
TELEPHONE(S) AND FAX:	(H)	(C)
	(W)	(F)
E-MAIL:		
CO-INVESTIGATOR(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES PLEASE LIST BELOW:		
STARTING DATE OF PROJECT:		
PROPOSED COMPLETION DATE:		
RESEARCH GRANT AGREEMENT		
IF MY PROPOSAL IS APPROVED FOR FUNDING BY THE BOARD OF DIRECTORS OF COLUMBIA UNIVERSITY-PRESBYTERIAN HOSPITAL SCHOOL OF NURSING ALUMNI ASSOCIATION INC. (CUPHSONAA), I AGREE TO:		
<ol style="list-style-type: none"> 1. ASSUME RESPONSIBILITY FOR THE SCIENTIFIC CONDUCT OF THIS PROJECT. 2. USE THE GRANT FUNDS FOR THE RESEARCH PROJECT AS DESCRIBED IN THE PROPOSAL, AND TO RETURN ANY EXCESS FUNDS TO THE TREASURER OF CUPHSONAA INC. 3. SUBMIT A PROGRESS REPORT THAT INCLUDES INFORMATION ABOUT CASH DISBURSEMENT EACH JANUARY 1 UNTIL PROJECT IS COMPLETED. IF RESEARCH IS NOT FINISHED BY THE PROJECTED DATE OF COMPLETION, REMAINING FUNDS WILL BE RETURNED TO CUPHSONAA INC., UNLESS AN EXTENSION IS GRANTED BY THE NURSING RESEARCH COMMITTEE. 		

4. SEND THREE COPIES OF A FINAL REPORT UPON COMPLETION OF THE PROJECT.
5. PRESENT OR PUBLISH THE FINDINGS OF THE RESEARCH AT APPROPRIATE MEETINGS OR PUBLICATIONS AS IDENTIFIED BY CUPHSONAA, INC. AND YOUR DEPARTMENT.
6. ACKNOWLEDGE CUPHSONAA INC.'S SUPPORT IN ALL PRESENTATIONS/ PUBLICATIONS.
7. ALLOW FINAL RESEARCH REPORT IN FULL OR ABSTRACT FORM TO BE PUBLISHED IN THE ALUMNI MAGAZINE, IN ORDER TO SHARE WITH ALUMNI, STUDENTS AND FACULTY OF THE SCHOOL OF NURSING AND PUBLICATIONS OF THE CUPHSONAA.

SUBMISSION OF THIS FORM IMPLIES AGREEMENT TO THE ABOVE POINTS.

BIOGRAPHICAL SKETCH: PLEASE SUBMIT FOR PRINCIPAL INVESTIGATOR AND CO-INVESTIGATOR USE IN PLACE OF CURRICULUM VITAE. BIOGRAPHICAL SKETCH FORM FOR FEDERAL GRANT APPLICATION MAY BE SUBSTITUTED.

PRINCIPAL INVESTIGATOR'S NAME:	
--------------------------------	--

CO-INVESTIGATOR'S NAME:	
-------------------------	--

EDUCATION (BEGIN WITH BACCALAUREATE EDUCATION AND PROCEED TO POST DOCTORAL LEVEL) INSTITUTION(S), LOCATION(S), MAJOR, INCLUSIVE DATES OF ATTENDANCE AND DATE OF DEGREE GRANTING:

BACCALAUREATE:	
----------------	--

MASTERS:	
----------	--

DOCTORAL:	
-----------	--

OTHER:	
--------	--

PROFESSIONAL EXPERIENCE: TITLE AND DATES OF POSITION (S):

DATE:	TITLE:
-------	--------

DATE:	TITLE:
-------	--------

DATE:	TITLE:
-------	--------

NAME/ADDRESS OF EMPLOYER(S):

HONORS:

PUBLICATIONS OR PAPERS PRESENTED AT STATE, REGIONAL OR NATIONAL/INTERNATIONAL MEETINGS. YOU MAY INCLUDE COPIES OF YOUR PUBLICATIONS THAT SUPPORT THIS APPLICATION AT THE END OF THE APPENDICES (ADD ADDITIONAL SHEETS IF NECESSARY).

LIST PREVIOUS RESEARCH EXPERIENCE (DESCRIBE LEVELS OF PARTICIPATION SUCH AS PRINCIPAL INVESTIGATOR, PROJECT DIRECTOR, RESEARCH ANALYST/ASSISTANT, DATA COLLECTOR):

PREVIOUS GRANT(S) RECEIVED. LIST THE AMOUNT AND SOURCE OF FUNDING PER STUDY AS PRINCIPAL INVESTIGATOR:

SOURCE AND AMOUNT:	
--------------------	--

SOURCE AND AMOUNT:	
--------------------	--

SOURCE AND AMOUNT:	
--------------------	--

CUPHSONAA, INC. DOES NOT FUND INDIRECT COSTS, SALARY OR FRINGE BENEFITS FOR THE PRINCIPAL INVESTIGATOR OR CO-INVESTIGATORS, NOR COSTS FOR COMPLETING AN EDUCATION PROGRAM (I.E. TUITION); NOR TYPING OF THE DISSERTATION.

DETAILED BUDGET FOR PROPOSED RESEARCH

DATES:	
--------	--

COSTS

TYPING: (COSTS MUST BE THOSE DIRECTLY RELATED TO THE RESEARCH)	\$
---	----

PERSONNEL:	\$
------------	----

RESEARCH ASSISTANTS:	\$
----------------------	----

SECRETARIAL STAFF:	\$
--------------------	----

OTHER: (I.E. POSTAGE, TELEPHONE, PURCHASE OF INSTRUMENTS)	\$
---	----

SUPPLIES: (NOT PROVIDED BY THE INSTITUTION)	\$
EQUIPMENT:	\$
COMPUTER COSTS: (NOT PROVIDED BY THE INSTITUTION)	\$
OTHER EXPENSES: (TRAVEL FOR DATA COLLECTION ONLY)	\$
TOTAL	\$

JUSTIFICATION: JUSTIFY ALL EXPENDITURES BELOW:

Large empty rectangular area for providing justification for expenditures.

CHECK LIST

PRINCIPAL INVESTIGATOR:	
TITLE OF PROJECT:	
DATE SUBMITTED:	

FOR OFFICE USE – FOR APPLICANT USE APPLICATION FORM

		PRINCIPAL INVESTIGATOR LISTED.
		CO-INVESTIGATOR LISTED.
		RESEARCH ADVISOR LISTED. (IF APPLICABLE)
		RESEARCH GRANT AGREEMENT SIGNED
		BIOGRAPHICAL SKETCH OF APPLICANT IS COMPLETED.

		BUDGET INFORMATION IS COMPLETE, EXPENDITURES JUSTIFIED AND MONETARY REQUEST IS AT OR BELOW DESIGNATED GRANT.
		ABSTRACT (UP TO 200 WORDS). PROPOSAL (10 PAGE LIMIT), SINGLE SPACED (EXCLUDING PART III)
PART I: NARRATIVE		
		PURPOSE OF STUDY
		SIGNIFICANCE
		POTENTIAL CONTRIBUTION OF THE SCIENCE OF NURSING
		SPECIFIC AIMS/HYPOTHESES
		THEORETICAL/CONCEPTUAL FRAMEWORK OR RATIONALE
		LITERATURE REVIEW (IF SEPARATE FROM OTHER SECTION)
		METHOD
		SUBJECTS AND SETTING
		APPARATUS AND/OR INSTRUMENTS
		PROCEDURE
		PLAN FOR DATA MANAGEMENT
		LIMITATIONS
		HUMAN SUBJECT AND/OR ANIMAL USE
		TIME FRAME
PART II: SUPPORT		
		FACILITIES/RESOURCES
		COLLABORATIVE ARRANGEMENTS
PART III: REFERENCES AND APPENDICES		
		REFERENCES
		APPENDICES (SEE BELOW)
APPENDIX A (INCLUDES ONLY THOSE APPLICABLE)		
		1. LETTERS OF SUPPORT
		A. IF THIS RESEARCH IS PART OF YOUR DEGREE REQUIREMENT, A LETTER FROM THE NURSE RESEARCH ADVISOR IS REQUIRED.

		B. FROM COLLABORATING INSTITUTIONS.
		C. IF APPLICABLE, FROM EMPLOYER AND/OR NURSE RESEARCH ADVISOR AT YOUR WORK PLACE.
APPENDIX B		
		INSTRUMENTS/QUESTIONNAIRES
		A. INSTRUMENTS
		B. SCORING METHODS
ALL REQUIRED INFORMATION MUST BE RECEIVED BY THE ALUMNI OFFICE BY MARCH 1 TO BE CONSIDERED FOR AN AWARD.		

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT (914) 481-5787 OR BY EMAIL AT INFO@CUPHSONAA.ORG

YOU MAY FAX OR MAIL THIS APPLICATION. THANK YOU.

www.cuphsonaa.org