

**SIGMA THETA TAU
EPSILON CHI CHAPTER**

Research Award Application
(Please Print or Type)

Name: _____

Address: _____

Telephone: Daytime _____ Evening _____

Member of Epsilon Chi: Yes _____ No _____

Highest Level of Educational Preparation:

BSN _____ MSN _____ MS _____ DSN _____ PhD _____

Nursing Focus: Yes _____ No _____

Title of Research: _____

Project Time Frame: _____ / _____ to _____ / _____
mo / yr mo / yr