SIGMA THETA TAU

EPSILON CHI CHAPTER

# Research Award Application

Please complete electronically & e-mail to lwiles@odu.edu

**Type of award:** \_\_ Individual \_\_ Collaborative Nursing \_\_ Interdisciplinary

|  |  |
| --- | --- |
| PI Name: |  |
| Co-I (if any) Name(s): |  |
| PI Address:  |  |
| PI Phone: |  |
| PI e-mail: |  |
| Title of Research: |  |
| Project Time Frame: |  |

Is the PI or Co-I a member of STTI Epsilon Chi Chapter? \_\_ yes \_\_\_no

PI Highest Level of Education: \_\_\_ BSN \_\_\_MSN \_\_\_DNP \_\_\_PhD

Role of the PI: \_\_\_ ODU Undergrad / Grad Student (circle)

 \_\_\_ ODU Faculty

 \_\_\_ Community Member