



**Sigma Theta Tau International
Delta Omega Chapter**

**Scholarly Activity Funding
Application Guidelines**

Sigma Theta Tau International Mission Statement: To provide leadership and scholarship in practice, education and research to enhance the health of all people. We support the learning and professional development of our members who strive to improve nursing care worldwide.

Position Statement

Delta Omega Chapter provides scholarship in practice, education and research by funding paper and poster presentations of members and nursing students participating in state, regional, national and international nursing and interdisciplinary professional meetings, conferences or forums.

Eligibility

1. Active STTI Delta Omega chapter membership
2. Nursing student with current qualifications and intent to be inducted in STTI
3. Acceptance of oral paper or poster presentation
4. Agreement to participate in a Delta Omega event to share information, e.g., poster presentation, presentation, newsletter entry, etc.
5. Acknowledgement of Delta Omega support during presentation or on poster

Submission Guidelines and Requirements

1. Typical funding levels
 - a. \$300 for participation at a state conference
 - b. \$500 for participation in a regional or national conference
 - c. \$800 for participation in an international conference
2. Typical funding support
 - a. Registration fee
 - b. Poster preparation
 - c. Cost of transportation
 - d. Lodging and meals
3. Submission of Scholarly Activity Funding Application and accompanying documentations
4. Submission of receipts or vouchers to chapter treasurer for release of funds

Contact Information

For further information, please contact:

Chapter President Aris Eliades. Email: aeliades@chmca.org



Sigma Theta Tau International Delta Omega Chapter
Scholarly Activity Funding Application

Name: _____ **Date Submitted:** _____

Audience:
(underline response) International National Regional State Local

Presentation:
(underline response) Poster Oral Presentation

Title of Presentation: _____

(underline response) New, initial data Secondary data analysis Other
(attach detailed explanation)

Location of conference: City: _____ State: _____ Country: _____

Dates of conference: _____ **Dates of responsibilities:** _____

Conference sponsoring organization: _____

Costs breakdown:		Total
Transportation		\$
	Air	\$
	Private car/mileage	\$
	Rental car	\$
	Other: Shuffle, bus, etc.	\$
Lodging		\$
Meals		\$
Registration fee		\$
Presentation materials		\$
Other: (specify)		\$
	Subtotal:	\$

Less amount covered by other sources: _____ \$

Sources: (specify) _____

Total Funding Requested: \$

*Please attach the following: letter of introduction with contact information, conference information, registration form, abstract, acceptance letter.

Funding Decision

Board Review Date:
Board Recommendation:
Final Action:
Approved full amount: \$
Approved partial amount: \$
Not approved with explanation: