



Sigma Theta Tau International
Honor Society of Nursing

OMICRON DELTA SCHOLARSHIP APPLICATION FORM

Dr. Wise and Dr. Fuller applications must be postmarked by Jan. 30th

Submission deadlines for the Past Presidents' scholarship are quarterly (the 30th of January, April, July and October)

Applicants must demonstrate eligible criteria by completing the scholarship application. If an applicant demonstrates eligibility criteria for more than one scholarship and/or wishes to be considered in more than one category, a separate completed application including a description of funding criteria specific to each scholarship must be submitted.

Check which scholarship you are applying for:

- **Dr. Pamela Fuller Founder's Scholarship (Novice)**
- **Dr. Sandra L. Wise Founder's Scholarship (Expert)**
- **Past President's Scholarship for Professional Development**

1. NAME: _____

2. HOME ADDRESS: _____

3. HOME PHONE: () _____

4. WORK PHONE: () _____ -

5. E-MAIL ADDRESS: _____

6. UNIVERSITY OF PHOENIX CAMPUS: _____

7. RN License Number and State: _____

8. STTI Membership Number: _____

9. Are you a member of Omicron Delta? Yes: ___ No: ___

10. By submitting this application, I hereby agree that if I am awarded the requested funding that I will provide a statement of use within 30 days of receiving the funds or attending the event (for professional development). I understand this statement may be used on the chapter website and/or included in the chapter newsletter. ___

11. Statement of Need (no more than 1000 words)

Please attach a statement of need to the application after you click "submit". The document must be in Word and should be double spaced. The document should outline the following:

- Specific need for funding
- Provided a projected budget of how funds will be used
- Amount of funding requesting (up to \$2000.00)
- Estimate of when the project/dissertation/ research will be completed
- Describe your project and how it will interface in professional nursing practice or research; describe projected outcomes

SUBMIT

Once you click on the "submit" button below your application will be sent directly to Omicron Delta.

*If you are submitting for the **Dr. Wise or Dr. Fuller Founders Scholarship** – you will need to attach your statement of need and your most current CV to the submission. Also submitted, should be one letter of support (academic or professional) which must be emailed directly to the chapter administrator at administrator@omicrondelta.net. Once all of your items have been received – you will receive a confirmation email from the chapter.

*If you are submitting for the **Past President's Scholarship for Professional Development** you will need to attach your statement of purpose. Please also include the conference web site so we may verify the conference objectives and program information.

OMICRON DELTA SCHOLARSHIP CHECKLIST: Dr. Wise and Dr. Fuller Scholarships

- ✓ APPLICATION FORM
- ✓ 1 LETTER OF SUPPORT – One professional or one academic
- ✓ STATEMENT OF NEED
- ✓ CURRICULUM VITAE

OMICRON DELTA SCHOLARSHIP CHECKLIST: Past President's Scholarship for Professional Development

- ✓ APPLICATION FORM
- ✓ COPY OF CONFERENCE REGISTRATION AND WEB ADDRESS
- ✓ STATEMENT OF PURPOSE (no more than 200 words)

Please attach a statement of purpose to the application after you click "submit". The document must be in Word and should be double spaced. The document should outline the following:

- Statement regarding the purpose of the funds
- Explain how funds would contribute to the knowledge or benefit to self for professional development, importance of funds and your work or contributions to nursing.