

Toni and Jim Sullivan Endowed Research Fund for PhD Students

Toni J. Sullivan, EdD, RN, FAAN, was professor and dean of the Sinclair School of Nursing at the time our PhD program was established. Upon her retirement, she set up an endowment to provide funds to PhD students in the Sinclair School of Nursing who need financial assistance to complete their dissertation research project.

Available Funding

Proposals will be accepted on January 15th and July 15 of every year. One grant award will be funded during each application period and may be funded up to a maximum of \$1,000.

Specific Requirements for this Grant

Principal investigator must be a currently enrolled PhD student in good standing in the MU Sinclair School of Nursing;

The principal investigator must have completed candidacy requirements (i.e. successfully passed their comprehensive examination) in the PhD program;

The proposal must have been approved by the student's PhD program committee prior to submission of the research grant application; and

Ideally, the project will have received approval by the Health Sciences Institutional Review Board (IRB), if applicable (for example, a meta-analysis dissertation does not require IRB review). However, applications will be considered that are currently under review by the IRB, but funding will not be awarded until documentation of IRB approval is provided.

Required Research Proposal Application Format

All proposals must follow the SF424 Guidelines, be submitted on the proper forms using the recommended NIH format described at <https://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/general-forms-d.pdf> and **NOT EXCEED 6 single-spaced pages** (not including summary, narrative, specific aims, budget, budget justification, and your NIH bio on NIH bio format pages).

You will find a detailed RO3 checklist in the site including the following:

- A. Project summary
- B. Specific aims (limited to 1 page)
- C. Research strategy (limited to 6 pages)
 1. Significance (1-2 pages)
 2. Innovation (1 page)
 3. Approach (3-4 pages; includes design, sample, setting, methods, procedures, data management and analysis, limitations)
- D. Cited literature/references
- E. Budget
- F. Budget justification
- G. Your NIH bio on NIH bio format pages (see Biographical Sketch Format Page - Forms Version D **Fellowship Only**)



Toni and Jim Sullivan Endowed Research Fund for PhD Students Research Grant Cover Sheet

Applicant Name: _____			
Last	First	MI	
Current Address: _____			
Number & Street	City	State	Zip
Mizzou E-Mail Address: _____		Date of Birth: _____	
Private E-Mail Address: _____		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MU Student/Employee ID: _____		State of Residence: _____	
Driver's License #: _____	State: _____	Country of Residence: _____	
Phone Number: _____		Type of VISA: _____	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino			
Race: Please check one or more that apply.			
<input type="checkbox"/> Asian (other)	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hawaiian/Pacific Islander	
<input type="checkbox"/> American Indian or Native Alaskan	<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Have either of your parents attended college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you from a rural residential background? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Definition of rural is a geographical area that is not part of a Metropolitan Statistical Area.			
Are you from a disadvantaged background? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Definition of a disadvantaged background is a citizen, national, or lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:			
a) Comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR			
b) Comes from a family with an income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.			
What is your veteran status? <input type="checkbox"/> Active duty military <input type="checkbox"/> Reservist			
<input type="checkbox"/> Veteran (prior service)	<input type="checkbox"/> Veteran (retired)	<input type="checkbox"/> Not a Veteran	
I <input type="checkbox"/> am <input type="checkbox"/> am not in default of a federal or other loan.			

PhD Advisor/ Co-Investigator			MI
Current Address:	Last Name	First Name	
	Number & Street	City	State Zip
Mizzou E-Mail Address:			
Office Phone Number:			

Are you receiving any financial assistance for the PhD program? Yes No

If yes, please list source and amount:

Have you applied for other grant(s) to support your dissertation research? Yes No

If yes, please specify organization and whether pending, funded, or not funded:

If funded, please indicate total amount of funding awarded: _____

Have you passed your comprehensive examination? Yes No

If yes, date passed: _____

If no, date of oral exam: _____

Has your dissertation proposal been approved by your dissertation committee? Yes No

If yes, date approved: _____

If no, date of proposal defense: _____

Has proposal been approved by an Institutional Review Board (IRB)? Yes No N/A

If yes, IRB project number: _____ IRB approval date: _____

Institution granting IRB approval: _____

If IRB application has not been submitted, planned date for submission: _____

Funding will NOT be released without a copy of the IRB approval letter.

Planned date for beginning data collection: _____

Planned date for end of data collection: _____

Planned date for graduation: _____

Agreement

I have a: (select all that apply)

- Bachelor's degree in Nursing
- Bachelor's degree in another field (please specify) _____
- Master's degree in Nursing
- Master's degree in another field (please specify) _____
- Doctor of Nursing Practice degree
- Other graduate degree (please specify) _____

My area of study is: (select one)

- PhD - Managing Symptoms and Promoting Healthy Behaviors
- PhD - Innovation Science
- PhD - Prevention & Treatment of Trauma Across the Lifespan

As a recipient of a Toni and Jim Sullivan Endowed Research Grant, I agree that the following statements are true: (initial statements if true)

- _____ I am a PhD student in good standing at the MU Sinclair School of Nursing.
- _____ I have successfully passed my comprehensive examination.
- _____ My dissertation proposal has been approved by my dissertation commission.
- _____ I have approval to recruit subjects and/or obtain data from an institution/setting.
- _____ My proposal must be approved by an Institutional Review Board (if applicable) before grant funds will be released.
- _____ I am committed to completing my dissertation research project within the next 12-24 months.

If my proposal is approved for funding, I agree to do the following: (initial if you agree)

- _____ Accept responsibility for the ethical scientific conduct of this proposed study.
- _____ Expend the funds as described in the proposal and return unused funds to the fiscal officer of the MU Sinclair School of Nursing.
- _____ Submit a progress report every 6 months (until the project is complete), including proposed budget and actual expenditures, to the PhD program director.
- _____ Submit a written final report, including proposed budget and actual expenditures, to the PhD program director.
- _____ Acknowledge the grant support of **Toni and Jim Sullivan Endowed Research Fund** in the publication or presentation of the research findings.

I verify that the above information is correct and complete, and I hereby authorize verification as required by the school.

Printed Name: _____ Date: _____

Signature: _____

For PhD student's advisor - my signature verifies that: (initial if you agree)

_____ This student has passed his/her comprehensive examination.

_____ This student's dissertation proposal has been approved by his/her dissertation committee.

_____ I understand this student's dissertation proposal must be approved by an Institutional Review Board (if applicable) before grant funds will be released.

_____ I have reviewed and approved this research grant application.

Printed Name: _____ Date: _____

Signature: _____

Steps to Applying for the Toni and Jim Sullivan Endowed Research Fund:

- 1) Complete the attached application.
- 2) Submit the application, along with grant proposal and IRB approval or exemption letter to:

Dr. Deidre Wipke-Tevis
S323, Sinclair School of Nursing
University of Missouri
Columbia, MO 65211

Deadline for submission is: January 15 or July 15

If you have any questions, contact the Sinclair School of Nursing at (573) 884-8441 or wipketevisd@missouri.edu.

NOTE: Demographic data are for reporting purposes only and are not considered as part of the awarding process.