Checklist for Research/Award Dr. Irene Daniels-Lewis Application

NAME: __________________________________________________________ DATE: ____________

_____ Verification of STTI Membership or verification of GPA and work completed with unofficial transcript

_____ Completed Application

_____ Summary statement of how scholarship funds will meet your personal and professional goals in nursing

_____ Statement of interest in gerontology, community health nursing, and/or leadership in nursing

_____ Attach a copy of Resume/CV

_____ Recommendation from faculty member or nurse leader supporting applicant

Submit to:

STTI, Alpha Gamma Chapter
Attn: Ms. Myra Sternlieb
c/o Valley Foundation School of Nursing
One Washington Square
San Jose, CA 95192-0057
Alpha Gamma Chapter
Scholarship Application

Date of application: ______________________________________________

Please type or print application.

PERSONAL DATA

Name: ________________________________
Address: _______________________________________________________
Home Phone: (       ) ___________ Cell Phone: (       ) ______________
Email: _________________________________________________________

EDUCATIONAL BACKGROUND

Institution: _______________________________________________________
Dates Attended: _________________________________________________
Degree Earned (or in progress): _________________________________
GPA: ________________
Honors/Awards: ________________________________________________

Date of Anticipated or Completion of Degree: _______________________

PROFESSIONAL/LEADERSHIP ACTIVITIES

Associations: __________________________ Office(s) Held: ________________

Associations: __________________________ Office(s) Held: ________________

Associations: __________________________ Office(s) Held: ________________

Are you involved in a research project that addresses gerontology, community health nursing, or leadership?

Yes___   No____

If yes, please attach a 150-word abstract describing the project.

I agree to report (newsletter article, research presentation, meeting presentation) to Sigma Theta Tau, International, Alpha Gamma Chapter, attn: Myra Sternlieb, regarding the results of the research project or purpose for which the scholarship monies were used. If for some reason I cannot fulfill the activity/purpose of the scholarship, I will return the money in full within 1 month of date of issue.

Signature: ____________________________________ Date ________________

Print name ____________________________________________