American Cancer Society

Graduate Scholarship in Cancer Nursing Practice

Grant Application

Date Submitted: February 2, 2015

Proposal Type: New

If renewal, current grant:

Resubmission? N/A

Comm Code: SCN

1st or 2nd:

TITLE OF PROJECT *(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)*

Graduate Scholarship in Cancer Nursing Practice

APPLICANT NAME

HIGHEST DEGREE(S)

POSITION TITLE:

ACADEMIC RANK:

DIVISION:

DEPARTMENT:

E-MAIL ADDRESS:

Tel: Fax:

APPLICANT'S CURRENT INSTITUTION

MAILING ADDRESS *(Street, city, state, postal code, country)*

IMPORTANT: Insert APPLICANT'S mailing address here (by providing in Professional Profile section of proposalCENTRAL). See GSCNP Instructions.

PROGRAM ELIGIBILITY INFORMATION: *(Responses to selected fields displayed below. For some grant programs this section may be blank.)*

U.S. Citizenship:	6. Health Professional Training Grants in C	RN License#:
License State:		

DATES OF PROPOSED PROJECT *(MM/DD/YYYY)*

From: July 1, 2015

Through: June 30, 2017

PROPOSED BUDGET

$20,000

Name

Address

Tel: Fax:

EIN

DUNS

SIGNING OFFICIAL FOR

Name

Title

Address

Tel: Fax:

E-MAIL ADDRESS

HUMAN SUBJECTS ☐ No ☐ Yes

Human Subjects Assurance No.

IRB Status:

IRB Date:

VERTEBRATE ANIMALS ☐ No ☐ Yes

Animal welfare assurance no.

IACUC Status:

IACUC Date:

ASSURANCE OF THOSE SIGNING THIS APPLICATION: I certify that the statements in this Application that pertain to me and my Institution are true, complete, and accurate to the best of my knowledge, and that I have provided all information required by this Application. I am aware that false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties. I agree that I will (and the Signing Official further represents that the institution will) comply with all Grant Policies of the Society, including reporting requirements, to the extent applicable. I understand that a failure to comply with such Policies, or the the terms of the Application, or any additional terms associated with a Grant, may result in the Society suspending or cancelling Grant funding, to be decided by the Society at its sole discretion. The Applicant certifies, and the Signing Official certifies that the Institution has verified, that the Applicant is a citizen or permanent resident of the United States of America.

SIGNATURE OF APPLICANT (In ink. "Per" signature not acceptable)	DATE	SIGNATURE OF DEPARTMENT HEAD (In ink. "Per" signature not acceptable)	DATE
SIGNATURE OF FACULTY ADVISOR (In ink. "Per" signature not acceptable)	DATE	SIGNATURE OF SIGNING OFFICIAL (In ink. "Per" signature not acceptable)	DATE

Applicant:

Application Contacts

Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED

TITLE OF PROJECT *(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)*

Graduate Scholarship in Cancer Nursing Practice

This General Audience Summary will become public information; therefore, do not include proprietary/confidential information.

Nursing education at the Master's of Science (or Doctorate of Nursing Practice) level prepares the advanced practice nurse (APN) to provide comprehensive, compassionate care to persons with cancer. I am seeking a graduate program with a holistic approach across the entire cancer continuum, and this School of Nursing provides such an approach.

The University School of Nursing Adult Oncology Advanced Practice Program, in which I am currently enrolled, affords students the opportunity to become proficient in all competencies that comprise the advanced practice nurse role. These competencies are: direct clinical practice, expert coaching and guidance, consultation, research, leadership, collaboration and ethical decision-making skills. These competencies enable APNs to care for patients from cancer prevention and screening through treatment to survivorship and end-of-life care issues. Support from the American Cancer Society through the Graduate Scholarship in Cancer Nursing Practice will allow me to achieve my goals of working as an oncology nurse practitioner in an outpatient oncology clinical setting, becoming involved in clinical trials, and contributing to nursing education.

TABLE OF CONTENTS

Sections **Page**

Cover Pages (Signature Page, Contact Page, and General Audience Summary)

Table of Contents 1.1

Reply to Previous Review (resubmitted applications only) 2.1

Copies of prior critiques (resubmitted applications only)

Program Plan Part I 3.1

Program Plan Part II 4.1

Faculty Advisor Biographical Sketch 5.1

Application Appendix .....

REPLY TO PREVIOUS REVIEWS (resubmissions only)

PROGRAM PLAN – PART I

A. CANDIDATE INFORMATION

Graduate Student Status (please check one)			
	Enrolled	Full Time: Part Time:	G.P.A.(indicate if not a 4.0 grading scale):
	Accepted	Enrollment date:	
	Applied	Expected date of acceptance:	

Date applicant began / will begin in program	
Expected graduation date	
Degree and Specialty	
If not an on-campus program, indicate type (e.g., distance, blended with ____% on campus, etc.)	

If enrolled in a graduate program, please complete the table below.

Course Work	credits / hours / units *(please specify)*	% of total program completed
Minimum required for the graduate degree		
Completed by December 31, 2014		
To be completed January – August 2015		
To be completed September 2015 – August 2017		

Licensure: If your license to practice as a registered nurse is pending, provide the date you intend to take the test _____.

If the student is an applicant for a graduate program, who should be contacted to verify admission?

Name		
Title		
Phone		Email

Please indicate the faculty advisor responsible for the cancer component in your graduate program.

Name		
Title		
Address		
Phone		Email

Are any of the following required in your graduate program?

____ thesis
____ comprehensive exam
____ course/scholarly project
____ research project

Please indicate the title or topic of thesis or scholarly project.

Provide your preferred mailing address, which should be consistent with the address shown on the application cover page (below APPLICANT'S CURRENT INSTITUTION).

Street Address	
City, State:	Zip Code:

Please indicate if you are receiving financial assistance for your graduate education.

Funding Agency	Amount	Dates of Assistance

BIOGRAPHICAL INFORMATION

Professional Education: Please include **a.** all college, undergraduate, and graduate degrees including your undergraduate nursing degree; **b.** continuing education relevant to oncology; and **c.** any cancer nursing or other relevant specialty certification(s) and certifying organization.

a.	Institution	Location	Degree/Field of Study	Date of Completion

b. Continuing Education Date Number of CEUs/hours

_____ Total Hours

c. Certification/Organization Dates Effective

Professional Experience in Oncology: List most recent position last (note career advancement).

Dates Position Institution Location

Membership in Professional Organizations

Organization	Offices Held/Committee Memberships	Dates

Volunteer Activities (with the American Cancer Society or other community organizations):

Organization	Activity/Frequency	Dates

Professional Contributions: Include here presentations, publications, or research activities, as well as any standards or materials developed (for example, videos, teaching tools). APA format is preferred.

a. Presentations: Please specify the date, title, location (e.g., title of conference and sponsoring organization) and audience (work-related, local, regional, national or international).

b. Refereed Publications (journal articles and book chapters) provide full citation:

c. Non-Refereed Materials (articles, commentaries, work place guidelines, patient education materials, newsletters, etc.)

Date	Title	Audience

d. Research involvement, including thesis or clinical project:

Title of project	Role	Dates

Honors/Awards: Indicate whether local or national, and the purpose of the award or honor if not evident by the title.

a. Professional

b. Scholastic

Describe your short term and long term professional goals, particularly as they relate to your interest and experience in oncology. This section should be 500 words or less.

B. GRADUATE PROGRAM - CANDIDATE

Describe the graduate degree program and the concentration offered. Why did you choose the program at this institution? We are especially interested in how your choice relates to your goals in cancer nursing and how it will prepare you for the advanced practice role.

How will the graduate program assist you in achieving your stated goals?

Briefly describe the courses and practical or clinical experiences/facilities of the program that are related to cancer nursing.

PLAN OF COURSES TO COMPLETE THE DEGREE PROGRAM Provide a list of the courses you project to fulfill your degree requirements, including completed courses. ***Include in the appendix the course descriptions from the graduate catalog*.**

Semester	Course #	Course Title (Credits)

PROGRAM PLAN – PART II [to be completed by a faculty member who is either the applicant's advisor or who has a major teaching or administrative role for the oncology content in the graduate program. See Instructions.]

1. Provide an overview of the graduate program in cancer nursing. If not an oncology program, explain how the program is appropriate for someone who is applying for a graduate scholarship in cancer nursing.

2. Briefly describe the courses, clinical experiences, and facilities related to cancer nursing that are available to the applicant. *If this program is entirely or partly a distance learning program, describe how the distance program provides a learning experience consistent with that offered to on-campus students. In particular, explain how oncology clinical preceptors are selected for distance based students and provide examples of distance based preceptors used by your school of nursing.*

3. Describe your role in the graduate program. List any other faculty, including clinical faculty/preceptors, and describe their roles and qualifications.

4. Comment on the applicant's qualifications and potential to be successful in graduate study.

FACULTY ADVISOR BIOGRAPHICAL SKETCH (limit to two pages; see Instructions)

NAME	**POSITION/TITLE**

EDUCATION (begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training):

INSTITUTION AND LOCATION	**FIELD OF STUDY**	**DEGREE AND YEAR CONFERRED**

RESEARCH AND PROFESSIONAL EXPERIENCE
Concluding with present position, list in chronological order: previous employment, experience, and honors.

FACULTY ADVISOR BIOGRAPHICAL SKETCH (continued)

PUBLICATIONS

List in chronological order: the titles, all authors, and complete references for all publications during the past three years and for representative earlier publications pertinent to this application.