American Cancer Society

Doctoral Degree Scholarship in Cancer Nursing

Grant Application

Date Submitted: 10/15/2015

Proposal Type: New

If renewal, current grant:

Resubmission? No | Comm Code: SCN

1st or 2nd:

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

APPLICANT NAME

HIGHEST DEGREE(S)

POSITION TITLE:

ACADEMIC RANK: doctoral student

DIVISION:

DEPARTMENT:

E-MAIL ADDRESS:

Tel: Fax:

APPLICANT'S CURRENT INSTITUTION

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

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 7/1/2016 Through 6/30/2018

PROPOSED BUDGET

30000.00

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 eligible to work in the United States of America for the period of the award.

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

SAMPLE

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			

SAMPLE

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED 10/15/2015
TITLE OF PROJECT *(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)*	

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

SAMPLE

TECHNICAL ABSTRACT

APPLICANT NAME	DATE SUBMITTED 10/15/2015
TITLE OF PROJECT *(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)*	

SAMPLE

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REPLY TO PREVIOUS REVIEWS (resubmissions only - required)

SAMPLE

PROGRAM PLAN – PART I

A. CANDIDATE INFORMATION

Doctoral Student Status (please indicate one)				
	Enrolled	Full Time	Part Time*	GPA (indicate if not a 4.0 grading scale):
	Accepted	Enrollment date:		
	Applied	Expected date of acceptance:		

* If part time, indicate the date by which you will be enrolled as a full-time student: _____

Date applicant began / will begin in program	
Expected graduation date	
Degree to be awarded and specialty	
Type of Program (PhD, BSN to PhD, etc.)	
If not an on-campus program, indicate type (e.g., distance, blended with ____% on campus, etc.)	

If enrolled in a doctoral program, please complete table below.

Course Work	credits / hours / units *(please specify)*	% of total program completed
Completed prior to September 1, 2015		
To be completed September 2015 – August 2017		
Minimum required for the doctoral degree		
Minimum registration for full-time doctoral students		

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

Name and Title	
Address	
Phone:	Email:

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:

SAMPLE

Your faculty advisor should be listed on the Contacts page of the electronic application. If the dissertation chair has been chosen, please name here and include a biographical sketch in Part II.

Name and Title	
Address	
Phone	
Email	

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

Funding Agency	Amount	Dates of Assistance

SAMPLE

B. BIOGRAPHICAL INFORMATION

Professional Education: Please indicate a. nursing or other relevant education; b. continuing education relevant to oncology or focus for doctoral study; and c. any 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

SAMPLE

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

Dates	Position Title	Institution/Location	Cancer Nursing (Y/N)

Membership in Professional Organizations

Dates	Organization	Offices Held/Committee Memberships

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

Dates	Organization	Activity/Frequency

SAMPLE

Professional Contributions: List your most significant contributions in the space provided. Specify audience as local, state, regional, national or international.

a. Presentations:

Date	Title	Location (e.g., title of conference and sponsoring organization)	Audience

b. Publications (List full citation for all in preparation, submitted, in press, or published.):

c. Research:

Date	Title	Role

d. Other: (development of standards, teaching tools, videos, etc.; list dates)

Date	Title

SAMPLE

Honors/Awards: You may also list prior awards including those during baccalaureate study.

a. Professional

b. Scholastic

Professional Goals: Describe your professional goals, particularly as they relate to your previous oncology experience. This section should be 500 words or less.

SAMPLE

C. DOCTORAL PROGRAM

Why did you choose your doctoral program? We are especially interested in how your choice relates to your goals in cancer nursing research and will prepare you for the cancer nurse scientist role. If this program awards a research doctorate in a discipline other than nursing, please give the rationale for that aspect of your choice and how the program will prepare you.

SAMPLE

PLAN OF COURSES TO COMPLETE THE DOCTORAL DEGREE Provide a list of your coursework even if it has been completed. *(Use continuation pages as needed.)*

Semester & Year	Course Number and Title	Credit Hours	Brief Description of Course Content	Grade Earned

SAMPLE

Briefly describe how each didactic course and clinical and research experience in the program of study relates to cancer nursing.

SAMPLE

PART D. PROGRAM PROGRESSION TIME LINE (Please complete all parts)

Program Phase	Date Completed or Projected Date of Completion	Not Applicable – Explain Why
Preliminary Exam and/or Qualifying Exam		
Proposal Defense or Colloquium		
Admitted to Candidacy		
IRB Proposal Approval for dissertation research A. Academic Institution B. Data Collection Site(s) (list all sites)		
Data Collection		
Data Analysis (Describe status)		
Dissertation Defense		
Final Filing With Graduate Office/Graduation Release		

SAMPLE

E. RESEARCH PLAN A ___OR B ____ (check one).
See instructions for completing this section, including the correct format and use of subheadings.

SAMPLE

PROGRAM PLAN — PART II. PROGRAM – ADVISOR INFORMATION

To be completed by the faculty advisor/dissertation chair. See Instructions.

A. Describe the research program plan (including classes, seminars, and other activities, if any) for the applicant.

B. Describe the research environment and available research facilities. Include information that will help reviewers evaluate the applicant and the proposed training. Indicate the relationship of the proposed research training to applicant's career.

   1. Indicate the total number of graduate and postdoctoral students who will be supervised directly during the tenure of the proposed scholarship.

   2. Provide a representative list of previous students, their present employing organization, and position title or occupation (limit to five).

C. Describe your ongoing research activities that relate to the applicant's study.

D. Comment on the applicant's qualifications and potential for a research career.

SAMPLE

BIOGRAPHICAL SKETCH

Provide the following information for the faculty advisor/dissertation chair

DO NOT EXCEED THREE PAGES.

NAME	POSITION TITLE

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY

A. Research and Professional Experience

Concluding with present position, list in chronological order, previous employment, experience, and honors.

SAMPLE

FACULTY ADVISOR/DISSERTATION CHAIR BIOGRAPHICAL SKETCH (continued)

B. 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.

SAMPLE