Eligibility

Applicants must be currently enrolled and in good standing in a PhD Nursing program in Mississippi; must be a resident of Mississippi; and must be a member of the Mississippi Nurses Association (MNA).

<u>Deadlines</u>

- The completed application is due in the Mississippi Nurses Foundation (MNF) office: 31
 Woodgreen Place, Madison, MS 39110 no later than July 7, 2023.
- Award funds must be spent before August 1 of the year following the award.

Procedure

The following procedures are required when applying for the MNF PhD research award:

- 1. The Director of the student's PhD in Nursing program reviews and signs the student's award application, acknowledging he/she has reviewed the application for adherence to guidelines and supports the proposed research.
- 2. MNF staff and/or the MNF Scholarship committee reviews the application to ensure the applicant is qualified and the application is complete.
- 3. Award reviewers are appointed by the MNF Scholarship Committee and must have experience teaching in a PhD Nursing program. Award reviewers receive blinded copies of completed applications and rate each application using the Criteria for Review.
- 4. MNF staff and/or the MNF Scholarship committee reviews the ratings and ranks applicants accordingly.
- 5. MNF notifies each applicant of action on the application, with feedback from reviewers provided, as appropriate.
- 6. The recipient meets with the MNF representative(s) to sign a Letter of Agreement for the award, including agreement to present research findings (as appropriate) at the MNA annual convention (October) and the MNA APRN annual convention (April). The recipient also agrees to acknowledge financial support from MNF in any presentations or publications related to this research.
- 7. Funds are dispersed directly to the <u>recipient</u> in two equal increments following awarding of the award: August, 2023 and January, 2024. Items purchased with the funds remain property of the individual recipient.
- 8. Any change in the budget must be reviewed by the student's PhD Program Director and accounted for in the final award report.
- 9. The <u>recipient</u> submits a final report (due August 15 of the year following the award) to MNF that includes an abstract of the completed or in-progress study, with findings and explicit plans for publication and presentation. The report must provide a full account of expenditures.

- 10. If an award is made as the result of this application, the individual applicant becomes an awardee and assumes any and all legal and financial accountability for the awarded funds and for the performance of the award supported activities. Deliberate withholding, falsification, non-documentation of references, or misrepresentation of information in the application could result in administrative actions including, but not limited to, the withdrawal of an application or an award.
- 11. Tax Information. While funds awarded to MNF awardees must be reported as income by applicants on their individual tax returns, applicable expenses may be deducted based on individual circumstances. However, the MNF does not have a reporting requirement and therefore will not be sending awardees an IRS Form 1099 or any other information related to the monies awarded. Recipients should establish their own record keeping system to determine the amount reportable on their income tax return and consult with their personal tax advisor regarding appropriate reporting requirements.

Application Review Criteria

The following criteria, adapted from federal award proposal criteria, are used in reviewing all PhD in Nursing research award applications:

I. Title: Must include major variables and populations 1 point

II. Abstract: 300-word limit 3 points

III. Budget and justification 10 points

IV. Biographical sketch: 2-page limit 1 point

V. Narrative: (APA style) 12-page limit 70 points

Specific Aims and Purpose

(10 points)

In this section, the following questions are considered:

- What is the issue or concern which led to the need for this study?
- What is the overall goal of the proposed research?
- What are the specific aims that will be achieved by this research?
- What research questions or hypotheses are being addressed?

Background and Significance

(10 points)

In this section, the following questions are considered:

- What is the scope of the research question? Is it too broad or too narrow?
- What is already known and what are the limitations from prior research?
- Why is this research question significant?
- How will this proposed study fill gaps in existing knowledge?
- What are the implications for nursing?

Research Design and Methods

(50 points)

In this section, the following components are considered, as appropriate to the study:

- Conceptual or theoretical framework
- Study design
- Sample (population, participant selection, sample size and justification, inclusion/exclusion criteria, sampling method)
- Data collection methods/instruments, including validity
- Data analysis (qualitative or statistical procedures)
- Methods of procedure with study timeline (plan for implementation, procedures for informed consent, steps of data collection, analysis)

| VI. | Expected results | 10 points |
|------|--|-----------|
| VII. | References: (excluded from page limit) | 2 points |

VIII. Appendices: (excluded from page limit) 3 points

These appendices may include the following:

- Research instruments
- B. Consent letters for use of instruments
- C.
- Letters of agreement with agencies Institutional Review Board (IRB) documents D.
- E. Other supportive data

Mississippi Nurses Foundation PhD Nursing Research Award Application

| Title of Project: | | | |
|--------------------|------|-------|------------------|
| Name of Applicant: | Last | First | Middle |
| Degrees: | | | |
| PhD Program: | | | Sem/Yr admitted: |
| Address: | | | |
| Telephone: | | | Fax: |
| Email: | | | |
| PI of Study: | | | |
| Email of PI | | | |

PROJECT ABSTRACT (State the overall objectives, specific aims, research design, and significance of the proposed research. Limit abstract to 300 words).

APPLICANT BIOSKETCH

| NAME: |
|--|
| EDUCATION (Begin with Baccalaureate or other initial professional education and include |

| Institution and Location | Degree Conferred | Year | Field of Study |
|--------------------------|---------------------|------|----------------|
| | | | |
| | | | |
| | | | |

RESEARCH AND PROFESSIONAL EXPERIENCE: List employment history and experience, professional memberships, and honors. List complete references to all publications. **DO NOT EXCEED TWO PAGES.**

| Employment and Experience: | |
|----------------------------|--|
| Professional Memberships: | |
| Honors: | |
| Publications: | |

postdoctoral training):

RESEARCH PLAN

| Specific Aims and Purpose: | | |
|-----------------------------------|--|--|
| Background and Significance: | | |
| Research Design and Methods: | | |
| Key Variables: | | |
| Setting and Sample: | | |
| Recruitment: | | |
| Inclusion and Exclusion Criteria: | | |
| Target Sample Size: | | |
| Instruments: | | |
| Data Collection: | | |
| Data Analysis: | | |
| Limitations: | | |
| Expected Results: | | |

References:

Appendices:

PROPOSED BUDGET Expense categories may include equipment, personnel, contractual services/consultants, and commodities [supplies/equipment]. No portion of the funding is permitted to be used for the indirect/overhead costs.

| Personnel | | |
|---|-------|----|
| Equipment/Supplies | | |
| Contractual Services | | |
| Commodities | | |
| Conference/Meeting | | |
| Other | | |
| | Total | \$ |
| BUDGET JUSTIFICATION Justify the requestor emergency support, describe the circumstance funds.): | | |
| Personnel | | |
| Equipment/Supplies | | |
| Contractual Services | | |
| Commodities | | |
| Conference/Meeting | | |
| Other | | |
| | | |

PhD PROGRAM DIRECTOR ACKNOWLEDGMENT

| Director's Name | | | |
|---|---|--|--|
| University | | | |
| Title/Position | | | |
| Email | | | |
| Phone Number | | | |
| Student's Name | | | |
| | | | |
| Statement of Support Clearly summarize your sup capacity to complete the wo | port for the proposed research. Please provide your evaluation of his/her rk. | | |
| | | | |
| Director Signature | | | |
| With my signature, I acknowled | edge: | | |
| I have read the entire application and agree with the plan of research and expenditure of funds. I will read the entire final report, including the description of expenditure of funds by the student. | | | |
| The applicant is in good academic standing as a student in the PhD in Nursing program. If the student is awarded the funds, I will notify MNF if the student is no longer enrolled in or in good standing in the PhD in Nursing program at this university during the time the award is awarded. | | | |
| The student will be permitted time away from class to present at the MNA annual convention and the MNA APRN annual convention at dates established by the Mississippi Nurses Association, if determined appropriate. | | | |
| Any publication or presentation emanating from this research will include acknowledgement of financial support provided by the Mississippi Nurses Foundation. | | | |
| Signature: | Date: | | |

UPDATE

Due by August 15

MNF PhD Research Award Final Report

| Title of Study: |
|--|
| Student's Name: |
| Study abstract: (300 words or less) |
| |
| Study results: |
| |
| Study conclusions and recommendations: |
| |
| |
| Plans for dissemination: |
| |

Due by August 15

MNF PhD Research Award Final Report

| Name Date | · |
|-----------------------------|----|
| Grand Total of Budget Award | \$ |
| Total Expenditures | \$ |
| Total Balance Remaining | \$ |
| PERSONNEL | |
| Amount awarded | \$ |
| Amount expended | \$ |
| Balance remaining | \$ |
| EQUIPMENT/SUPPLIES | |
| Amount awarded | \$ |
| Amount expended | \$ |
| Balance remaining | \$ |
| CONTRACTUAL SERVICES | |
| Amount awarded | \$ |
| Amount expended | \$ |
| Balance remaining | \$ |
| COMMODITIES | |
| Amount awarded | \$ |
| Amount expended | \$ |
| Balance remaining | \$ |
| CONFERENCE/MEETING | |
| Amount awarded | \$ |
| Amount expended | \$ |
| Balance remaining | \$ |
| OTHER | |
| Amount awarded | \$ |
| Amount expended | \$ |
| Balance remaining | \$ |