I. Purpose of the Fund
The purpose of the scholarship fund is to recognize outstanding scholarship by qualified nurses that will advance knowledge in the area of nursing science and practice. The fund provides monies for the awarding of scholarships to individuals.

II. Fund Sources
General chapter funds as approved in the budget

III. Processing Fund Monies
A. The Finance Committee of the chapter recommends funds in the budget from the general fund or designated funds for awarding scholarships. This budget is approved by the chapter and administered by the Executive Committee. The Treasurer expends monies from the scholarship fund to the recipients.

B. The Executive Committee of the chapter announces the scholarship program. The Committee approves the recommendations of the Scholarship Committee and may allocate additional funds for scholarship on the basis of availability.

C. The Scholarship Committee reviews applications; recommends the awards of scholarships according to the policies of the chapter as they correspond to the bylaws of Sigma Theta Tau International; and monitors fund usage by recipients. A five-year record should be kept by the chapter on all recipients of monetary awards. Information on recipients should include name and address, amount of award, and how the person was selected and criteria utilized.

IV. Criteria for Awarding Scholarships
A. Applicant Criteria
   1. Nursing student enrolled in higher degree program in nursing
   2. Active member of Omicron Eta Chapter
   3. Enrolled in the last semester of graduate studies and will be graduating
   4. Applicant will present their master’s project/thesis or doctoral project/dissertation at a Omicron Eta Chapter program.
   5. On the acknowledgment page, the applicant will insert the following, “I acknowledge Omicron Eta chapter of Sigma Theta Tau International for support given me through a research scholarship.”

B. Application
   1. Submit an abstract of scholarly work
   2. Submit an application and a written statement of personal and professional goals in nursing
   3. Submit how the monies will be utilized.
4. Sign formal agreement for money usage

5. Attachments:
   a. Transcript of graduate work completed.
   b. Letters of recommendation from two faculty members and one professional associate
   c. Vitae, if desired

C. Preference
   Preference will be given to Sigma Theta Tau International, Omicron Eta chapter members

D. Competitive basis for fund allocation
   1. Quality of written goals
   2. Contribution or potential contribution to nursing and public benefit
   3. Scholarship fund budget and number of proposals submitted

V. Scholarship Allocation
   The amount of a scholarship will be determined by the number of requests and the availability of monies in the chapter scholarship fund. The maximum amount for master students is $300 and doctoral students is $500.

VI. Scholarship Committee
   The Scholarship Committee consists of three appointed chapter members who have experience in nursing education. One member holds an earned doctorate, two other chapter members, and one chapter officer should be designated as ex-officio, ordinarily the Treasurer.

VII. Publicity
   A. Publicizing availability of scholarship widely
   B. Publicizing the criteria for awarding scholarships and the selection process
   C. Scholarship recipients
   D. Final reports should be made available at chapter meetings
   E. Awards may be reported at the fall induction, spring community leader induction and officer installation and in chapter newsletters, and yearly report
   F. Completion of the studies are announced in chapter newsletters and yearly report

VIII. Scholarship Application Deadlines
   A. Deadline for applications is October 1st and March 1st.
   B. The scholarship will be awarded during the Fall and Spring induction programs.
Sigma Theta Tau International: Omicron Eta Chapter
Chapter Scholarship Application

Date: _________________

I am requesting funds for: Scholarship Focus: ________ Leadership Focus: ________

Personal Data
Name: _______________________________________________________________________

School Address: _______________________________________________________________________

Permanent Address: _______________________________________________________________________

EDUCATION
Undergraduate:
Institution: ________________________________ Dates Attended: _____________________
Degree: ________________________________ GPA:____________________
Honors/Awards: _______________________________________________________________________

Graduate:
Institution: ________________________________ Dates Attended: ____________________
Degree: ________________________________ GPA: _______________________
Honors/Awards: _______________________________________________________________________

Doctoral:
Institution: ________________________________ Dates Attended: _________________
Program of Study: _______________________________________________________________________
Thesis/Doctoral Topic: _______________________________________________________________________
Date of Completion: _________________
Current Professional Occupation (If applicable): _______________________________________________________________________
Professional Associations/Memberships: _______________________________________________________________________

Are you a Sigma Theta Tau International member?  Yes: _____  No: _____

Membership Number: __________

Have you been the recipient of a Sigma Theta Tau International scholarship in the past? If so, please give name of awarding chapter:

________________________________________________________

1. How will this funding be utilized? Be specific.

2. Describe when and where the funds will be utilized.

3. Why do you believe that your endeavor merits funding from Sigma Theta Tau, Omicron Eta Chapter?

I understand that all receipts for approved endeavor expenses must be presented to the Chapter Treasurer within six weeks of utilizing the funds, unless other arrangements have been agree upon with the Omicron Eta Chapter Board.

I understand that available funds for Chapter Scholarships are limited to specified amounts in the Chapter Budget, and these amounts can vary from year to year.

I understand that I may receive partial funding for an endeavor.

I understand that I may be asked by the Executive Board of Omicron Eta Chapter for a formal presentation summarizing the endeavor following completion of the endeavor.

I understand that I must acknowledge Omicron Eta Chapter of Sigma Theta Tau International Honor Society as a funding source in all presentations and publications concerning this endeavor.

________________________________________________________  _________________
Applicant Signature                                                                        Date
Sigma Theta Tau International
Chapter Scholarship Agreement
of Financial Expenditures

The scholarship money awarded to ___________________________ in the amount
of $____________ and designated by Omicron Eta Chapter shall be designated as follows
(specify exact usage or any restriction):

Signed by:

Recipient ___________________________ Date_______________________

Chapter Treasurer ___________________________ Date_______________________

Chair, Selection Committee ___________________________ Date_______________________