**Rosenstadt Doctor of Nursing Thesis Support Grant Application Form**

**Deadline: Tuesday, May 20, 2025, 4 pm.**

# A. Identification

**Name:**Click or tap here to enter text.

**Title of Research Proposal:** Click or tap here to enter text.

**Year in Program:** Click or tap here to enter text.

**Thesis Proposal Successfully Defended: Yes No  (if no, not eligible)**

**Supervisor’s Name:** Click or tap here to enter text.

I, Click or tap here to enter text.state that the student, Click or tap here to enter text.is in good standing.

**Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:** Click or tap to enter a date.

# B. Research Proposal

## 1. Research Abstract (3500 characters with spaces)

## 2. Rationale/need for funding support (insert information on this page; 1 page maximum):

## 3. Detailed Budget

Please complete a budget that describes the costs of the research project and identify the specific expenses that will be covered by this award and how remaining expenses are being addressed. Original receipts must be submitted with the final report. Examples of eligible expenses include transcription, data entry, photocopying, postage, fieldwork travel (i.e., local transit fare, parking for data collection), incidental dissertation research expenses (small equipment, recorders, software, software licenses, licensing fees for questionnaires) and participant compensation (NVivo, REDCap and Covidence are available to students at no charge). Conference travel and knowledge dissemination are not eligible expenses. The Rosenstadt Doctor of Nursing Thesis Support Grant will not normally cover personnel costs.

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| --- | --- | --- | --- | --- |
| **Expenditure** | **Amount** | **Requested from Rosenstadt** | **Source of Funding (e.g., from supervisor, self-funded, or award).** | **Detailed Justification (e.g., participant incentives: $10 x 100 participants)** |
| 1. **Personnel** |  |  |  |  |
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| 1. **Consumables** |  |  |  |  |
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|  |  |  |  |  |
| 1. **Services** |  |  |  |  |
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| **D. Other** |  |  |  |  |
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| **E. Travel for data collection (parking, subway tokens?)** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Budget** |  | **$1,000** |  |  |

Supervisor Name: Click or tap here to enter text.

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

I have reviewed the budget, which accurately reflects the expenses the student will incur to complete the doctoral dissertation research.

## 4. Supervisor’s statement (one page maximum):

This statement should address (but is not limited to) the following:

* Significance of the project
* Academic progress to date (thesis and / or course work)
* Productivity (manuscripts/presentations)
* Financial need for the project
* Exceptional circumstances (if applicable)

Supervisor’s Name: Click or tap here to enter text.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_