

College of Nursing

12201 Research Parkway, Suite 300
Orlando, Florida 32826
t: 407.823.2744 | f: 407.823.5675

www.nursing.ucf.edu

Application Information

Please complete this application to apply for a grant from the **DNP Project Fund**. Together with this application, students must also submit (1) final proposal (max. 5 pages) and an appendix. The application and proposal must be delivered to the College of Nursing 3rd floor receptionist or mailed to 12201 Research Parkway, Ste. 300, Orlando, 32826 Attn: DNP Project Fund Grant Application. **Fall application deadline is October 31 and Spring application deadline is February 27.**

Personal Information

Student Name: Last	First	Middle	PID
Permanent Address	City, State	Zip Code	Telephone Number
Knights E-Mail	Date of Birth		

Educational Information

GPA	DNP Track
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Status (full-time or part time)

Amount of funding requested: _____

DNP Project Chair Signature: _____

By submitting this application, I authorize the sharing of the application information with the scholarship selection committee. My signature indicates my permission that the UCF College of Nursing may use my name and likeness in publicity opportunities, including notification to scholarship donor and appearance in publications.

Applicant Signature

Date

Doctor of Nursing Practice (DNP) Project Fund 2015/2016 Call for Applications

The UCF College of Nursing is pleased to present a call for applications each fall and spring for funding open to doctoral students in the college's DNP program with at least part-time status, who have successfully defended their final project proposal. Please refer to www.nursing.ucf.edu/scholarship for additional information. Students must send a copy of the new project IRB approval to Dr. Donna Neff, College of Nursing Director of Research (donna.neff@ucf.edu), prior to receipt of funds.

Project Narrative (*five page limit*)

- *Specific Aims*

This proposal must identify specific project aims, provide a problem statement and state the intended objectives of the proposed project. State the rationale for your approach to the problem.

- *Significance*

Briefly describe the background information relevant to this proposal, including a brief evaluation of the existing body of knowledge about the problem. Identify the importance to nursing practice.

- *Methods and Timetable*

Describe the population to be served and the methods for proposed work. Describe the project design and intervention(s) that will be used to carry out this project. Identify the study sample, site and the variables you plan to describe the test. Specify the instruments to use and include copies in an appendix attached to your proposal. If appropriate, include information about validity and reliability of the instruments (include in appendix). Describe your protocol (how you plan to collect data) and analytic methods. As an appendix, develop a proposed timetable for your project (not included in the 5 page limit). State how you plan to analyze the data collected. Discuss how the project will be sustained or disseminated after the grant period.

- *References*

References must be APA 6th Edition format and included in the five page limit for the proposal narrative.

Budget and Justification

Travel that is unrelated to conducting the project will not be supported, nor will indirect costs, capital improvements and computer hardware. Funding will be awarded through the UCF Foundation and UCF Office of Research and Commercialization. Please complete the budget worksheet on Page 4 of this call for applications.

Recommended Proposal Outline

Abstracts

- Scientific
- Non-Technical

Project Narrative

- Specific Aims
- Hypothesis
- Significance

Methods and Project Design

- Project Method
- Project Design
- Timetable
- References
- Plan for Dissemination of Findings

Appendices

- Timetable
- If applicable instrument(s)
- Other if applicable

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Budget and Justification Worksheet

Travel that is unrelated to conducting the project will not be supported, nor will indirect costs, capital improvements and computer hardware. Funding will be awarded through the UCF Foundation and UCF Office of Research and Commercialization. Please complete the budget worksheet below along with a justification for the expense.

Personnel (position and title)

Subtotal _____

Consumable Supplies (include only when not provided by university)

Subtotal _____

Equipment

Subtotal _____

Travel

Subtotal _____

Other Costs

Subtotal _____

Total

I, the undersigned, certify that the statements in this proposal are true and complete to the best of my knowledge and accept the obligation to comply with the terms and conditions of any grant awarded by the UCF College of Nursing. I also agree to acknowledge this funding support in any future presentations or publications of this project.

Applicant Signature

Date