

**FRANCES PAYNE BOLTON SCHOOL OF NURSING  
CASE WESTERN RESERVE UNIVERSITY**

To: Applicant for the Joyce M Stielau Award

FROM: Ronald Hickman, PhD, RN, ACNP-BC, FNAP,  
FAAN The Ruth M. Anderson Endowed Chair  
Associate Dean for Research

If your application for a research award is approved, the following are the requirements of accepting this award:

1. Allow a summary of the research to be formulated from the application and/or the abstract on completion, to be published in school publications
2. Send an abstract of your research to the Alumni Association, c/o Chairperson of the Research Fund.
3. Acknowledge the partial support given to you by the FPB Alumni Association in any public access to this work (i.e. thesis and dissertation acknowledgments, publication of papers and manuscripts, presentations).

Please sign below and submit with your application (only one copy of this sheet needed)

I agree to comply with the above requirements.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

FRANCES PAYNE BOLTON SCHOOL OF NURSING  
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**JOYCE M. STIELAU AWARD APPLICATION**

DIRECTIONS:

**Please electronically submit a typed copy of application via the CFRS Service Request Form.**

Links to the form can be found on our website at: <https://case.edu/nursing/research/CFRS>

All questions must be addressed for application review.

1. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

2. ADDRESS:

Home: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_\_

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Phone: \_\_\_\_\_

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Email: \_\_\_\_\_

\_\_\_\_\_

3. STATUS:           CURRENT PHD STUDENT (YES/NO) \_\_\_\_\_  
                          EXPECTED PROGRAM COMPLETION \_\_\_\_\_

4. FACULTY ADVISOR: \_\_\_\_\_

5. CREDENTIALS/DEGREES (LIST ALL):  
\_\_\_\_\_

6. TITLE OF STUDY OR PROJECT: \_\_\_\_\_  
\_\_\_\_\_

7. STATEMENT OF PROBLEM AND PURPOSE/AIMS OF STUDY: (Describe the clinical problem that is the central focus of the study, including scope of problem; state the purpose of the study or specific aims; where appropriate, also state hypothesis (es) or research questions that will guide analysis plan).

8. BRIEF DESCRIPTION OF SAMPLE (Identify size, inclusion and exclusion criteria; provide justification as appropriate):

9. DESCRIPTION OF METHOD AND PROCEDURES (Identify design, describe how sample will be recruited, discuss potential risks to subjects and how these will be handled, discuss sources of data and where appropriate specific tools/methods and their reliability and validity; describe or list steps of procedures to be used in collection of data; address how threats to study validity will be controlled):

10. DESCRIPTION OF DATA ANALYSIS TO BE CONDUCTED (Describe plan for storage of data; identify specific analyses to be conducted and relationship to study aims, hypotheses or research questions as appropriate):

11. RELEVANCE/SIGNIFICANCE OF STUDY TO NURSING SCIENCE AND/OR NURSING PRACTICE (Include brief literature support and key citations):

12. PROVIDE BRIEF GRAPHICAL TIMELINE FOR STUDY COMPLETION.

13. APPLICANTS SUBMIT STATEMENT FROM MAJOR ADVISOR AFFIRMING THAT THE PROPOSED STUDY HAS BEEN APPROVED BY THE ADVISOR OR DISSERTATION COMMITTEE APPROVAL.

14. ATTACH IRB APPROVAL OR PROVIDE DOCUMENTATION THAT IRB REVIEW IS IN PROCESS AND THE PROJECTED DATE FOR WHEN APPROVAL WILL BE OBTAINED

15. ATTACH CONFLICT OF INTEREST FORM: (Login to <https://spartacoi.case.edu> to complete training and form and if unable to login into the system contact the Conflict of Interest staff at [cwrucoi@case.edu](mailto:cwrucoi@case.edu)).

16. BUDGET AND JUSTIFICATION

List all anticipated expenses for completion of study. Funds may be used for software licenses to support data collection or analysis, participant incentives, printing of study related materials, and hospital credentialing fees, and travel related to the conduct of the study. A detailed list of the expenses with brief justification is required. If travel expenses for data collection are included, please be specific about number of miles to be traveled at the University approved rate. Please provide sufficient details for your expenses. For example, if printed copies are needed, indicate number of copies and number of pages to justify amount.

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TOTAL BUDGET: \_\_\_\_\_ TOTAL AWARD REQUESTED \_\_\_\_\_

If total study costs exceed \$2,000.00, how do you plan to cover the additional costs in order to assure that you are able to complete the study as planned?



17. LIST OF KEY REFERENCES CITED IN APPLICATION: