



**DORIS A. HOWELL FOUNDATION FOR WOMEN'S HEALTH RESEARCH
"CHERYL A. WILSON NURSING SCHOLARSHIP AWARD"**

Announcement and Application

Purpose of the Award

The **DORIS A. HOWELL FOUNDATION FOR WOMEN'S HEALTH RESEARCH** has established the **CHERYL A. WILSON NURSING SCHOLARSHIP AWARD** in honor of long-time Howell Board Member and Nurse Cheryl A. Wilson, RN to fund USD PhD nursing students whose research emphasis is on women's health. Students who receive this award will be active participants in the research projects designed to improve the physical, mental, spiritual, behavioral health, and/or well being of women.

Students will receive a \$3,000 honorarium to assist the completion of the doctoral student's dissertation.

Criteria for the Award are that the student:

1. is enrolled in USD's PhD in Nursing program;
2. has a record of academic excellence;
3. has identified a faculty member with an active program of research in women's health who has agreed to be a research mentor;
4. has a Dissertation Proposal related to women's health including any of the following influences: biological, medical, cultural, economic, behavioral, psychosocial, or cross-cultural influences.

Deadline: April 17, 2017

Directions: Please complete the attached application and obtain the approval of your faculty mentor prior to submission.

APPROVAL

Faculty Research Mentor Name: _____

Faculty Research Mentor Signature: _____

Date: _____



DORIS A. HOWELL FOUNDATION FOR WOMEN'S HEALTH RESEARCH
CHERYL A. WILSON NURSING SCHOLARSHIP AWARD APPLICATION

Last Name: _____ **First Name:** _____ **Middle Initial:** ____

Social Security Number: _____ (only if required by school)

Student Number (if different from SS#): _____ (only if required by school)

Mailing Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Citizenship: (only if required by school)

U.S.: Y/N ____ **Permanent Resident:** Y/N ____

College/University: _____ **Major:** _____

Anticipated Date of Graduation (Quarter/Year): _____

Title of Project: _____

Faculty Sponsor: _____ ;

Department: _____

Department Mailing Address of

Sponsor: _____

Telephone: _____ **E-mail:** _____

APPLICATIONS MUST INCLUDE THE FOLLOWING:

- **OVERVIEW SUMMARY OF PROPOSED PROJECT** (Limit to approximately 100 words. Briefly describe the project and the expected benefits of the research.)
- **DESCRIPTION OF THE PROJECT** (Limit to two to three pages. State the specific aims of the project. Include a description of any previous work you have done in the area and include results of your review of pertinent literature in this area. Discuss the planned experimental approach including the methods and how the results will be evaluated or analyzed, as well as a tentative timeline. Discuss the significance of the project.)
- **RELEVANCE TO WOMEN’S HEALTH** (Limit to approximately 100 words. Describe how the proposed project is relevant to women’s health).
- **PERSONAL ESSAY** (Limit to approximately 100 words. Describe the relevance of the proposed project to your future academic or career goals.)
- **BUDGET JUSTIFICATION** (State how the award will be used.)
- **BRIEF MENTOR BIO**

SIGNED ATTESTATIONS:

“I certify that the student applicant has completed the literature review and has developed the application him/herself.”

Signature of Faculty Sponsor _____ Date _____

“I certify that, if awarded a DAHF award, I will submit a written report on the research results to the DAHF Board of Directors.”

Signature of Applicant _____ Date _____

“I authorize the release of my academic and personal information for the purpose of being considered for the Howell Award, and for the purposes of publicity and recognition by the Howell Foundation if I am selected for a scholarship.”

Signature of Applicant _____ Date _____

Visual/Audio Image Release

Throughout the year, The Doris A. Howell Foundation for Women’s Health Research may wish to use a picture, or other type of media, in publications about this scholarship award. If you agree to the below statement, please mark yes.

I grant permission to The Doris A. Howell Foundation for Women’s Health Research (DAHF) and its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, included but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used in a manner or media without notifying me, such as DAHF website, publications, promotions, advertisements, posters, and theaters slides. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release DAHF and its employees and agents, including any firm authorized to publish, broadcast and/or distribute a finished product contacting the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before agreeing, I understand its contents, meaning and impact, and I freely accept the terms.

Signature of Applicant _____ Date _____