

**Sigma Theta Tau International
Epsilon Mu Chapter
Research Award Application**

Date: _____

Personal Data

Name: _____

School Address: _____

Permanent Address: _____

Telephone Number: _____

Email: _____

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 Topic: _____

Date of Completion: _____

Current Professional Occupation (If applicable): _____

Professional Associations/Memberships: _____

Are you a Sigma Theta Tau International member? Yes No

Please type and attach a 200 word essay pertaining to what involvement with Sigma Theta Tau International and the Epsilon Mu Chapter means to you and your career.

For Office Use Only:

GPA _____

Interview _____

Dean of Students Recommendation _____

Recommendations _____

Deadline is May 10, 2011, please mail to Epsilon Mu Chapter, STTI.

c/o Ms. Teresa Torsney, 5 Rockwell Avenue, Staten Island, NY 10305

If you have any questions: please call 718.390.3478, or email: epsilonmu@wagner.edu.

Thank you for your consideration.