



United Advanced Practice Registered Nurses of Georgia

UAPRN.ORG

The UAPRN Penny Maynard Memorial Scholarship Application

Name of Applicant and Professional Title:

Applicant's Mailing Address:

Applicant's Email Address:

Applicant's Telephone Number at the best time to be contacted:

Number of Years as a Professional Registered Nurse or APRN:

Professional Registered Nurse/APRN License Number:

Are you a licensed Professional Registered Nurse/APRN in Georgia? **Yes** **No**

Employer:

Employer's Address and Telephone Number:

Name of the school, graduate or post graduate nursing track/degree you are enrolled in or will be enrolled in for fall 2014, and your expected date of graduation:

Please include a description of your involvement in UAPRN as a student member or full member and the UAPRN chapter in which you are involved:

Please include descriptions of any leadership positions, offices held, publications, research, and/or community/volunteer projects that you have held as a Professional Registered Nurse, APRN student, or APRN i.e. GNA, Sigma theta tau, AANP etc. Include any copies of your work that you believe would strengthen your candidacy.

Please list three professional references that have known you for more than three years. Also include their relationship to you.

List your educational history as well as your employment history for the past five years.

With recent changes in the American healthcare system through the Affordable Healthcare Act, what do you believe is the role of the APRN under this new healthcare system? How do you envision these changes will impact the Georgia APRN and Georgians?

Where do you see yourself professionally in 1 year, 5 years, and ten years?

What are the characteristics that you believe make up an APRN in today's healthcare system?

Why do you want to become an APRN ?

The APRN today wears multiple hats while assuming many responsibilities. Describe those responsibilities and how you plan on fulfilling those professional tasks.

In 500 words or less, please explain to the UAPRN Georgia selection committee what you plan on doing with the scholarship funds and why the selection committee should award the 2014 UAPRN Penny Maynard Memorial Scholarship to you. If you are selected as the candidate for this scholarship, you will be distinguished and set apart from other APRNs in this state. Explain how you will represent your profession and UAPRN Georgia as the recipient of this scholarship.



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Consent Form

As the 2014 recipient of the UAPRN Penny Maynard Memorial Scholarship, I
 _____ agree to be interviewed for a state and/or national
 publication that highlights my personal and professional life and this scholarship.

I understand that as recipient of this award, I will be expected to speak at the annual state UAPRN conference about this scholarship as well as any other UAPRN speaking engagements during the 2014-2015 year that promote funding for this scholarship.

 Name

 Date

Applicant Checklist

1. Completed Application
2. Resume
3. Copy of RN and/or APRN License
4. Examples of Supporting documentation i.e. publications, projects, research/funded grants, leadership or offices held
5. Passport Picture
6. Personal Essay
7. Professional Reference
8. Signed Consent Form

Return all requirements to Dr. James Lawrence, state UAPRN President, no later than **5:00 pm on June 6, 2014** to the following email address: iflaprn@gmail.com.

This year's scholarship will range from \$3,500-\$4,500. The recipient of the scholarship will be notified the week of June 30, 2014.

Good luck to all applicants!