

**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 2015, 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, i.e. peer, professional colleague, manager, director etc.**

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

 **In January 2015, Georgia Watch, a consumers’ advocacy organization, published its findings that were made possible through a grant provided by the Georgia Health Foundation. This funded grant allowed Georgia Watch to investigate the regulatory environment of APRNs in Georgia. What are your thoughts on this study in regards to validity and appropriateness? Do you feel the results are accurate? As a nursing leader in Georgia, how can you directly impact Georgia’s health care system in using the data from this study?**

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

**Discuss your opinion of the national crisis that faces our nation with the shortage of primary care providers? What role can the APRN in Georgia play in this and give examples of how you would implement your ideas.**

**The APRN today is more than just an expert clinician. He/she is also a political leader, a researcher, an advocate for his/her patient and community, and mentor to others, to name just a few. Despite the many plates that an APRN balances each day, discuss several ways that you will do/do carry out these multiple roles in your professional days.**

**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 2015 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.**



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**Consent Form**

**As the 2015 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 may be expected to speak at the annual state UAPRN conference about this scholarship as well as any other UAPRN speaking engagements during the 2015-2016 year that promotes 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 in one folder to Dr. James Lawrence, state UAPRN President, no later than 5:00 pm on June 15, 2015. His email address is** **jflaprn@gmail.com****.**

**This year’s scholarship will range from $2,000-$4,000. The recipient of the scholarship will be notified the week of July 13, 2015.**

**Good luck to all the applicants!**

***James***

**James F. Lawrence, Ph.D. APRN BC CHPN CPS FAANP**

**UAPRN State President**