**The UAPRN Penny Maynard**

**Memorial Scholarship**

1. **Scholarship Application Packet**
2. Applicant:
3. Name and Professional Title(s):
4. Mailing Address(es):
5. Email Address(es):
6. Telephone numbers and the best times you are available to be contacted (if you have more than one, please provide multiple numbers for the reviewers:
7. Number of years as an APRN:
8. APRN License Number:
	1. If you are an APRN registered with the state of Georgia and/or any other state, what state(s) are you licensed, and what are your license numbers?
	2. If you are **not** an APRN proceed to question 3.
	3. What certifying agency(ies) are you licensed with? (ANCC, AANP, or other nationally recognized agency). Please include all.
9. Professional Employment. Please provide information for all employers, if there are multiple.
10. Name of current employer(s):
11. Employer's mailing address(s):
12. Employer’s telephone number(s):
13. Current role in the organization(s):
14. Education:
15. Name of the school(s)
16. Graduate date, or expected date of completion:
17. If you are currently enrolled in an APRN program, please provide the type of APRN track (NP, CNM, CRNA, CNS):
18. Please include a description of your involvement in UAPRN as a:
19. Student member:
20. Full member:
21. Retired member:
22. UAPRN chapter in which you are involved:
23. Professional Personae:
24. Any leadership position(s) or office(s) held, including roles/responsibilities:
25. Publications:
26. Research projects completed and/or ongoing:
27. Volunteer Activities:
28. Professional memberships and/or positions held (Sigma Theta Tau, AANP, GNA, etc.). Include any copies of your work that you believe would strengthen your candidacy.
29. Professional References:
30. Submit at least three professional references that has known you for a minimum of three years:
31. Include the relationship(s) between you (peer, professional colleague, manager, director, etc.)
32. Submit at least one reference letter written on professional letterhead on your behalf and email to: mnelson18@gsu.edu
33. Professional Growth
34. List any educational activities you have participated in within the past five years:
35. List you employment history for the past year and reasons for leaving the position:
36. Required Short Answer Questions:
37. What barriers to APRN practice continue to plague the environment in which APRNs provide patient care?
38. Of the barriers you have listed, which three do you perceive to hinder and to limit APRN practice the most?
39. Discuss the rules and regulations that impact the attainment of APRN full scope of practice.
40. Explore the rationales of oppositional voices that advocate for limiting APRN practice.
41. Thoughtfully and honestly discuss if there is any merit to these rationales and the opportunities an APRN has to impact social change and justness for their population of care.
42. How would you strengthen any current shortfalls that you may identify that would make the case for APRN full scope of practice to be considered?
43. In an attached document of 500 words or less, please discuss your plans for the utilization of scholarship funds and why the selection committee should award the 2016 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.
44. Make note of where you see yourself professionally in 1 year, 5 years, and ten years. Be sure to explore how this will benefit you personally and academically in addition to the clients that you will serve.

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The UAPRN Penny Maynard

Memorial Scholarship Application

Consent Form

As the 2016 recipient of the UAPRN Penny Maynard Memorial Scholarship, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to be interviewed for a state and/or national publication that may highlight my personal/academic/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 other UAPRN speaking engagements during the 2016-2017 year that promotes funding for this scholarship**.

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Name Date

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**Applicant Checklist of Required Supporting Documents. Please place your complete name and UAPRN 2016 Scholarship in the email subject line:**

\_\_\_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. Electronic Head Shot and Professional Bio

\_\_\_6. Personal Short Form Question Reponses and Essay

\_\_\_7. Professional Reference

\_\_\_8. Signed Consent Form

Return all requirements in one folder to Dr. Michelle Nelson, UAPRN State President, no later than 5:00 pm on Monday September 12, 2016. Her email address is mnelson18@gsu.edu.This year's scholarship will be funded for $1,500. The recipient of the scholarship will be notified the week of September 19, 2016 or at the state conference that will be located in Savannah, Georgia September 22-24, 2016.

Good luck to all applicants!

Michelle

Michelle Nelson, Ph.D, APRN, MS, FNP-BC

UAPRN State President