**VIRGINIA ENA 2018**

**SCHOLARSHIP APPLICATION**

**Virginia State Council of the ENA (VENA) is awarding educational scholarships to current ENA members actively practicing in the State of Virginia.**

**Scholarships are to support participation in Chapter, State, or National ENA sponsored educational programs.**

SEND COMPLETED APPLICATION TO:

Doris Duff

4345 Fontaine Drive

Roanoke VA 24018

Or via email: [wdduff@juno.com](mailto:wdduff@juno.com)

**Scholarship application deadline: July 31, 2018**

(Applications received after this date **WILL NOT** be reviewed!)

Scholarship recipients will be notified by the Chair of the Award and Recognition committee after the August VENA meeting. Each scholarship recipient will be issued a certificate that can be redeemed by VENA with proof of completion of an ENA sponsored education program and an original receipt of payment for that program. Scholarship certificates have NO CASH VALUE and will expire **08/31/19.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: (CELL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (HOME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WORK) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**VAENA Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENA MEMBERSHIP NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VIRGINIA RN LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 1: New Member** [25pts] POINT TOTAL: \_\_\_\_\_\_\_\_\_

**New ENA Member** (Check one) Yes 🞏 No 🞏 **Date joined ENA**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified by Chapter President** (signature required):\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: Chapter Attendance**  POINT TOTAL: \_\_\_\_\_\_\_\_\_

***Points in this section will be determined according to the percentage of meetings attended/held:***

**25 points Attendance verified for attending 25% of your chapter meetings**

**50 points Attendance verified for attending 50% of your chapter meetings**

**75 points Attendance verified for attending 75% of your chapter meetings**

**100 points Attendance verified for attending 100% of your chapter meetings**

List Chapter meeting dates attended (08/01/17 to 07/31/18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified by Chapter President** (signature required):\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: State Attendance** POINT TOTAL: \_\_\_\_\_\_\_\_\_

***Points in this section will be weighted 25 points for each meeting attended***

List State meeting dates attended (08/01/17 to 07/31/18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified by State President** (signature required):\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: PARTICIPATION**  POINT TOTAL: \_\_\_\_\_\_\_\_\_

***List NATIONAL, STATE, and/or CHAPTER Level positions held at the time of completing this application.***

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE(s)** | **NATIONAL (75pts)** | **VENA (50 pts)** | **CHAPTER (25 pts)** |
| **President** |  |  |  |
| **President Elect** |  |  |  |
| **Immediate Past President** |  |  |  |
| **Secretary** |  |  |  |
| **Treasurer** |  |  |  |
| **Treasurer Elect** |  |  |  |
| **State Council Representative** | **NA** | **NA** |  |

**SECTION 5: COMMITTEES**  POINT TOTAL: \_\_\_\_\_\_\_\_\_

**Indicate any committees you were a member of from (**08/01/17 to 07/31/18**).** Committees include Education, Government Affairs, Nursing Practice, Membership, Trauma, Pediatrics, Injury Prevention, Awards & Resolutions, Fundraising, Ad Hoc, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMITTEE NAME** | **NATIONAL (30pts)** | **VENA (15 pts)** | **CHAPTER (10 pts)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Continue list on back of application if necessary.

**SECTION 6: ADVANCED COURSES**

**(**08/01/17 to 07/31/18**)**  POINT TOTAL: \_\_\_\_\_\_\_\_\_

**TNCC** 🞏 Provider (15pts) 🞏 Instructor (25 pts) 🞏 Coordinator/Faculty (30 pts)

**ENPC** 🞏 Provider (15pts) 🞏 Instructor (25 pts) 🞏 Coordinator/Faculty (30 pts)

**CATN** 🞏 Provider (15pts) 🞏 Instructor (25 pts) 🞏 Coordinator/Faculty (30 pts)

**ENCARE** 🞏 Provider (15pts) 🞏 Instructor (25 pts) 🞏 Coordinator/Faculty (30 pts)

**CPEN** 🞏 Provider (15pts) 🞏 Instructor (25 pts) 🞏 Coordinator/Faculty (30 pts)

**ENCARE/INJURY PREVENTION 🞏** Trainer (25 pts)

|  |  |  |
| --- | --- | --- |
| **COURSE NAME** | **INSTRUCTOR COURSES TAUGHT**  **(15 pts)** | **PROVIDER COURSES TAUGHT**  **(10 pts)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Continue list on back of application if necessary.

**SECTION 7: CERTIFICATIONS** POINT TOTAL: \_\_\_\_\_\_\_\_\_

**🞏 CEN** #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏 SANE-A** #: \_\_\_\_\_\_ \_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏 CPEN**#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏 CFRN**#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞏 CTRN**#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 8: SPECIAL PROJECTS**  POINT TOTAL: \_\_\_\_\_\_\_\_

Provide a list of special projects and a brief synopsis for each one you are involved in below. Projects must reflect contributions to ENA on a chapter, state, or national level. Participation must be above and beyond the requirements of your current ENA office or committee role and job role. Projects with monetary compensation (other than an honorarium) cannot be included. Projects performed as a member of another organization, such as a volunteer rescue squad is not eligible. Special projects must enhance the image of nursing or Emergency nursing in the hospital, community, or group. Attendance at VENA sponsored such as the Fall Conference, EMS Symposium, Leadership Conference, or SESS are eligible. Validity and eligibility of projects will be determined by the VENA Board.

|  |  |
| --- | --- |
| PROJECT NAME (15 points each) | BRIEF SYNOPSIS |
|  |  |
|  |  |
|  |  |
|  |  |

Continue list on back of application if necessary.

TOTAL POINTS: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Chapter President Verification Signature*

Virginia State ENA member will be eligible for one scholarship per the established guidelines.

The Board of Directors will determine how many scholarships will be offered each year according to budget approval.

Scholarships will be awarded according to total points. Total award will not exceed the cost of the program.

200 points = $300

150 points = $200

125 points = $150

100 points = $100

50 points = $ 75

25 points = $ 50

**FULL DISCLOSURE OF ALL FUNDING SOURCES MUST BE PROVIDED WHEN REQUESTING REIMBURSEMENT RELATED TO THE EDUCATIONAL ACTIVITY USED WITH THIS SCHOLARSHIP.**

**FOR VENA BOARD USE ONLY:**

|  |
| --- |
| **POINTS VERIFIED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **AWARDED SCHOLARSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2018 VENA PRESIDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **AWARDS & SCHOLARSHIP CHAIR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |