

NOAOHN Scholarship Process

1. Applicant sends request form to education Chair.
2. Education Chair reviews and sends applicant names to President.
3. President and recording secretary approves applicant for the scholarship based on the following criteria:
   1. Current member of NOAOHN.
   2. Licensed RN/LPN in state of Ohio.
   3. Plan to continue practice in field of Occupational Health.
   4. Awards will be based on availability of funds and last time award was received by applicant.
4. Applicant is notified he/she has been approved to attend the event.
5. Once event is attended, the applicant submits the event reimbursement form to the education chair, listing 3 things they learned from the event that they could apply to their practice.
6. Education Chair approves and notifies applicant.
7. The applicants send in a reimbursement request form with the signature of the president and recording secretary to the treasurer for reimbursement.

Step 1: SUBMIT THE FOLLOWING BEFORE ATTENDING THE CONFERENCE

**I would like to apply for the following NOAOHN Scholarship:**

\_\_OAOHN Annual Conference (full) $225 \_\_\_\_OAOHN one-day conference $75 \_\_\_AAOHN conference

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOAOHN member \_\_\_\_\_Yes \_\_\_\_\_No

License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RN\_\_\_\_\_LPN\_\_\_\_ Is this license current \_\_\_\_Yes \_\_\_\_No

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years as OHN \_\_\_\_\_0-5 \_\_\_\_\_6-20 \_\_\_\_\_21 +. I plan to continue OHN practice this year: Yes\_\_No \_\_\_

I would like to receive this scholarship for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Date

Step 2: APPROVAL OF ATTENDANCE

\_\_\_\_\_Approved \_\_\_\_\_Not Approved for the following reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NOAOHN President Date

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

NOAOHN Recording Secretary Date