**NORTH HARRIS MONTGOMERY COUNTY CHAPTER OF AACN MERIT SYSTEM**

The purpose of the North Harris Montgomery County (NHMC) Chapter Merit System is to encourage chapter member participation. Points are collected for different activities throughout the fiscal year. The members with the top five points earned and submitted through the application process will be eligible for a scholarship in the amount of $450 to be applied toward attendance at the annual National Teaching Institute (NTI).

I. General Information

1. All funds awarded from the chapter are awarded only to chapter members and are non-transferrable between chapter members. The applicant must have been a National and Local member for **1 year,** prior to receiving funds.
2. The applicant must apply using the application for Scholarship and/or Reimbursement to attend NTI, and submit a folder or binder with supporting documentation validating the points accrued. See the NHMC Chapter System data sheet for direction on what documentation to include with the application form.
3. The name of the scholarship recipients will be published on the chapter website on Nursing Network and will be published on the chapter’s Facebook page.

II. Guidelines

1. Points may be accrued for **1 year only.**
2. Minimum points necessary to apply will be 20
3. The fiscal year is July 1 through June 30.
4. The application for a scholarship and/or reimbursement must be submitted for consideration along with supporting documented outlined on the Merit System Data Sheet.

III. Point Redemption

1. Points will be tallied and the members with the 5 highest points submitted will be eligible to receive a scholarship in the amount of $450 for attendance at NTI. If a tie for 5th place occurs, the tie will be decided based upon the length of time the applicants have been active members in the NHMC Chapter.
2. Applications for Scholarship must be requested one month prior to appropriating monies. Application should be submitted to the Board for review with supportive documentation by March 1st.

IV. Point Accumulation Description Points

1. Membership in NHMC Chapter of AACN 2
2. Attendance at each local monthly meeting 2
3. Recruitment of a new chapter member (limit 5 per year) 2
4. AACN Current Certification 5
5. Volunteering in Local Chapter organized activities 4

Example: Health fairs, Habitat for Humanity, Montgomery County

Food bank, Critical Care symposium (4/each activity)

1. Chapter supported community outreach donation (Example: 2

Toys for Tots, Food Drive)

1. Active member on NHMC Chapter committee 6
2. Board appointed Chapter Ambassador for a local facility 4
3. Chapter Committee Chairperson 8
4. Chapter Officers:
5. President 16
6. President-elect 14
7. Past-President 10
8. Secretary 14
9. Secretary-elect 10
10. Membership Chair 14
11. Treasurer 14
12. Treasurer-elect 10
13. Communications Coordinator 14
14. Program Chair 14
15. Historian 14
16. Board of Directors 10

1. Publication:

1. Educational Article in Chapter Newsletter 6

2. Critical Care article published in national nursing 8

publication or contribution to textbook

1. Research:

1. Primary researcher or co-investigator 8

2. Presentation 4

3. Actively involved in research project 4

**North Harris Montgomery County (NHMC) Chapter OF AACN Merit Scholarship**

**Application for Scholarship and/or Reimbursement**

**For FY2019 Submission Deadline is March 1, 2019**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AACN National Member Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Application for scholarship must be submitted to Board of NHMC Chapter along with the data sheet and verification materials one month prior to use of funds. Please submit the required information in a folder or binder. If requesting reimbursement, applicant must provide paid receipt(s).***

**Member’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Board of Director’s Use Only**

**Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FY \_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Points Accrued \_\_\_\_\_\_**

**Date Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date to Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chapter President’s Signature**

**North Harris Montgomery County Chapter Merit System Data Sheet**

**FY \_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Points**

A. NHMC Chapter Membership (attach copy of card) (2) \_\_\_\_\_\_

B. Attendance at Monthly Meeting (2 each meeting) \_\_\_\_\_\_

C. Recruitment of new member (maximum 5) (2 each/max 10) \_\_\_\_\_\_

Names:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. AACN Current certification (attach copy of card) (5) \_\_\_\_\_\_

E. Volunteering in Local Chapter organized activities (4) \_\_\_\_\_\_

Example: Health fairs, Habitat for Humanity, Montgomery County

Food bank, Critical Care symposium (4/each activity)

F. Donation to Chapter supported community outreach (2)\_\_\_\_\_\_

Example: Toys for Tots, Food Bank collection (2 maximum each event)

G. Active member on a committee (6) \_\_\_\_\_\_

Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairperson’s initials \_\_\_\_\_\_\_\_\_

H. Board appointed Chapter Ambassador (4) \_\_\_\_\_\_

I. Chapter Committee Chairperson (8) \_\_\_\_\_\_

Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J. Chapter Officer

1. President (16) \_\_\_\_\_\_

2. President-elect (14) \_\_\_\_\_\_

3. Past President (10) \_\_\_\_\_\_

4. Secretary (12) \_\_\_\_\_\_

5. Secretary-elect (10) \_\_\_\_\_\_

6. Membership Chair (14) \_\_\_\_\_\_

7. Treasurer (14) \_\_\_\_\_\_

8. Treasurer-elect (10) \_\_\_\_\_\_

9. Communications Coordinator (14) \_\_\_\_\_\_

10. Program Chair (14) \_\_\_\_\_\_

11. Historian (14) \_\_\_\_\_\_

12. Board of Director (10) \_\_\_\_\_\_

K. Publication (attach copy)

1. Educational Article in Newsletter (6) \_\_\_\_\_\_

2. Article in nursing publication/textbook (8) \_\_\_\_\_\_

L. Research (attach copy of abstract/evidence)

1. Primary researcher or co-investigator (8) \_\_\_\_\_\_

2. Presentation (4) \_\_\_\_\_\_

3. Actively involved in research project (4) \_\_\_\_\_\_

Total points \_\_\_\_\_\_