A limited number of scholarships are available to MNPD members for professional development activities related to the practice of Nursing Professional Development. The number of scholarships and amount awarded may vary from year to year and are contingent upon available funds.

To be considered for a scholarship, please complete this form in its entirety and submit it to [MNPDorg@gmail.com](mailto:MNPDOrg@gmail.com).

Awarded scholarships will be paid as a reimbursement of the approved amount upon receipt of proof of payment.

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| Name: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | Today’s Date: | | | | | | Click or tap to enter a date. | | | | | | | | |
| Email Address: | | | | | Click or tap here to enter text. | | | | | | | | | | | | Phone: | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Home Address Line 1: | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address Line 2: | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | Click or tap here to enter text. | | | | | | | | | | | | | State: | Click or tap here to enter text. | | | | | | | | | ZIP: | | | Click or tap here to enter text. | | | | | | |
|  |  | | | | | | | | | | | | |  |  | | | | | |  | | | | | | | | |  | | | |
| Name of Activity: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | ☐Live (includes live virtual) ☐Enduring | | | | | | | | | | |
| If Live, start date: | | | Click or tap to enter a date. | | | | | | If Live, end date: | | | | Click or tap to enter a date. | | | | | If Enduring, anticipated completion date: | | | | | | | | | | | Click or tap to enter a date. | | | | |
| Activity Cost: | | | | $ | | Click or tap here to enter text. | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | |
| Are you willing to share something you learn from this activity during an MNPD meeting? | | | | | | | | | | | | | | | | | | | | | | | | | | ☐Yes ☐No | | | | | |  |
|  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | |
| I have been a member of MNPD since: | | | | | | | | | | | Click or tap to enter a date. | | | | |  | | | | | | | | | | | |  | | | |  | |
| Number of MNPD meetings attended (either in person or remotely) in past 2 years: | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | |
| Describe other involvement in MNPD: | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | |  | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MNPD Use Only

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Recommend Scholarship? | | | ☐Yes ☐No | | Amount: | $ | Click or tap here to enter text. |  | | |
| Comments: | Click or tap here to enter text. | | | | | | | | | |
| Reviewer(s): | | Click or tap here to enter text. | | | | | | | Date: | Click or tap to enter a date. |
| Board Member Reviewer/Approver: | | | | Click or tap here to enter text. | | | | | Date: | Click or tap to enter a date. |