**North Harris Montgomery County (NHMC) Chapter of AACN Scholarship**

**Application for NTI Scholarship - 2024**

 **Submission Deadline is February 16, 2024**

**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 by February 16, 2024. Please submit the required information via email to*** ***mirandak12@sbcglobal.net***

***\*You will be required to present one topic of interest that you learned at NTI to the chapter members at an AACN meeting following NTI 2024.***

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

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Please complete the below information that will be utilized in the selection of the recipients of the scholarship based on review by the scholarship review committee.

What is your current role in nursing?

Have you ever attended NTI before?

Why do you want to attend NTI?

What is your area of practice?

How will attending NTI impact your nursing career? (Bring back information to your peers, utilize information to enhance your practice)

Thank you for your submission. Selection of the scholarships recipients will be presented at the February 2024 meeting.