**TAPAN**

**North and East Region**

**2023-2024 SCHOLARSHIP Application Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASPAN Membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification: CPAN ( ) CAPA ( )**

**Reason for applying scholarship:**

**1. \_\_\_\_\_ Renewal of ASPAN Membership**

**2. \_\_\_\_\_ Attend Texas State Seminar / State Texas Conference**

**3. \_\_\_\_\_ Attend ASPAN National Conference**

**4. \_\_\_\_\_ Attend Leadership Meeting**

**5. \_\_\_\_\_ Attend CAPA or CPAN Certification Review**

**6. \_\_\_\_\_ Renew CAPA or CPAN Certification**

**7. \_\_\_\_\_ Take CAPA or CPAN Certification Exam**

**8. \_\_\_\_\_ Others (Please explain)**

**North and East Region Scholarship Application Form 2023-2024**

1. **Eligibility**
   1. a scholarship applicant must have been a member of ASPAN/TAPAN for a minimum of three (3) months
2. **Application**
   1. Scholarship application form may be obtained from the region president or can be downloaded from netapan.nursingnetwork.com
   2. A completed application must include the following:
      1. Scholarship application worksheet with all required verification
      2. A copy of the brochure of educational event that the applicant is wanting to attend or a copy of certificate of attendance to a seminar or conference attended
      3. A copy of ASPAN membership card
      4. A copy of current certification card as applicable
      5. Points accrued are based on a member’s activities from September 1st through August 31st (TAPAN fiscal year)
      6. Scholarship applications must be submitted 60 days prior to the event.
      7. Scholarship reimbursement will be based on board approval.
      8. Scholarship amount may vary based on fiscal year budget.
      9. Requirements for reimbursement include:
         1. Completed reimbursement form submitted within 30 days of event.
         2. One of the following:
            1. Written summary of your experience at the event.
            2. Attend a N & E Region Meeting and share your experience from the event.

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| **I.** **LEADERSHIP ACTIVITIES** (Proof of verification required) | Points per  Activity | Points  Accrued |
| 1. HOLDING OFFICE TAPAN/ASPAN  State Officer  Region Officer NE Region | 30  20 |  |
| COMMITTEE CHAIRPERSON ASPAN/TAPAN/REGION  a.  b.  c. | 5 |  |
| 3. COMMITTEE MEMBER ASPAN/TAPAN  a.  b.  c. | 2 |  |
| **II. PROFESSIONAL ACTIVITIES** (Proof of verification required) |  |  |
| 1. SEMINAR/ CONFERENCE ATTENDANCE  ASPAN National Conference  TAPAN State Conference  International Conference  Region Seminar  a  b.  c. | 30  20  20  10 |  |
| 2. REGION MEETING ATTENDANCE  Indicate date and location. Include attendance record from region secretary  a.  b.  c.  d.  e. | 5 |  |
| 3. LEADERSHIP CONFERENCE  a. Region  b. State  c. ASPAN Component Development Institute (CDI) | 10  10  20 |  |
| **III. PUBLICATION ACTIVITIES** (Proof of verification required) |  |  |
| 1. Editor- Eye Opener  2. Contributor 10 points per article. EXCLUDES articles written as expected from the individual’s role in region (i.e.: president’s message, secretary and treasurer report, editor’s notes) Indicate title and issue date of newsletter.  a.  b.  c.  d. | 40  10 |  |
| **IV. EDUCATIONAL OFFERINGS** (Proof of verification required) |  |  |
| 1. CNE PLANNER  20 points per offering/ indicate date, of seminar  a.  b.  c. | 20 |  |
| 2. STATE CONFERENCE/SEMINAR PLANNING COMMITTEE MEMBER  Per offering/ indicate date, title of seminar and proof of participation.  a.  b.  c. | 10 |  |
| 3. RECRUITER/CONTENT REVIEWER FOR SEMINAR/CONFERENCE SPEAKER  Indicate name of speaker, topic, and date of event  a.  b.  c.  d. | 20 |  |
| 4. CERTIFICATION COACH (Verification from ABPANC) | 5 |  |
| **V. COMMUNITY SERVICE** (Proof of verification required) Must submit verification letter from agency or proof of involvement. Activity must be a region activity and promote TAPAN-North and East Region. Individual member participation does not constitute a region activity |  |  |
| 1. COORDINATOR for COMMUNITY SERVICE (TAPAN)  a.  b.  c. | 20 |  |
| 2. PARTICIPANT in COMMUNITY SERVICE (TAPAN)  a  b.  c. | 10 |  |
| **VI. FUNDRAISING ACTIVITIES** (Proof of verification required) Indicate type of fundraiser, solicits donations/ educational grants |  |  |
| 1. COORDINATOR/ PLANNER FUNDRAISING (TAPAN)  a.  b.  c. | 20 |  |
| 2. Fundraising Participant | 10 |  |
| **TOTAL POINTS=** |  |  |

Reviewed by:

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

(President, North and East Region)  (Treasurer, North and East Region)

**\_\_\_email scholarship form to** [**Kristi.denton@utsouthwestern\_\_\_\_and**](mailto:Kristi.denton@utsouthwestern____and)[**Hazzel.Gomez@utsouthwestern.edu**](mailto:Hazzel.Gomez@utsouthwestern.edu)

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*For Board Review Only:*

Notes:

Date Application Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Application Reviewed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Approved or Denied Date Notification Sent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Granted \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Documentation for Reimbursement Due by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_