CENTRAL VIRGINIA ENA #118

TUITION REIMBURSEMENT / SCHOLARSHIP

2015

To apply complete this form and return to:

Central Virginia ENA
Attn: President CVENA
P.O. Box 6091
Glen Allen, Virginia 23058
or email to: Presidentcvena@gmail.com

Application year runs from June 01 of the previous year to May 31 of the current year

Paperwork must be received by midnight on June 15, 2015

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ VENA Chapter: #118

ENA Membership Number: _____ Expiration Date: _____

Virginia RN License Number: _____ Expiration Date: _____

Please Note: In order to apply, you MUST have attended 3 of the 6 meetings for this chapter during the application process.

Section 1 – First Time ENA Member

___ Yes ___ No **25 points** (Must be new member to ENA as of June 01, 2014)

Section 1 Points _____

Chapter President Signature Required :_____

ATTENDANCE

Section 2 – Chapter Meeting Attendance

Please note the dates you attended meetings from June 01 of the previous year to May 31 of the current year

Determination will be made according to number of meetings attended/meetings held, such as:

If you attended 3 chapter meetings:	25 points
If you attended 4 chapter meetings	50 points
If you attended 5 chapter meetings	75 points
If you attended 6 chapter meetings	100 points

Section 2 Points _____

Chapter President Signature Required: _____

Section 3 – Virginia ENA Meeting Attendance (State Meetings)

Please note the dates that you attended Virginia ENA meetings from June 01 of the previous year to May 31 of the current year

Each VA ENA meeting attended = 25 points each

- ☐ June
- ☐ August
- ☐ October
- ☐ December
- ☐ February
- ☐ April

Section 3 Points _____

Chapter President Signature Required: _____

PARTICIPATION

Section 4 – Offices or Positions Held

Please mark the positions held in ENA, Virginia ENA, or Chapter at the time of completing this application.

ENA OFFICE HELD	NATIONAL (75 points each)	STATE (50 points each)	LOCAL (25 points each)
President			
President Elect			
Immediate Past President			
Secretary			
Treasurer			
Treasurer Elect			
State Council Representative			

Section 4 Points _____

Chapter President Signature Required: _____

Section 5 – Committees

Please indicate any committees that you were a Chairperson or member of within the application year. This may include Education, Government Affairs, Nursing Practice, Membership, Trauma, Pediatrics, Injury Prevention, Awards and Resolutions, or any AD HOC Committees.

Committee Name	ENA NATIONAL (50 points each)	VA ENA (30 points each)	LOCAL Chapter (15 points each)

Section 5 Points _____

Chapter President Signature Required: _____

Section 6 – Advanced Courses Certification or Attended

Please check your highest level achieved (such as TNCC instructor cannot also mark TNCC Provided)

Provider for TNCC, ENPC, CATN, CPS, GENE, ENCare: _____ **15 points each**

Instructor for TNCC, ENPC, CATN, CPS, ENCare: _____ **25 points each**

Coordinator/Faculty for TNCC, ENPC, CATN, CPS: _____ **30 points each**

For instructors please list the number of courses taught from June 01 of the previous year to May 31 of the current year. (If additional space is needed, please use the bank of the form)

Course Name	Instructor Courses Taught (Please include dates)	Provider Courses Taught (Please include dates)

15 points each course taught

Section 6 Points _____

Section 7– Certifications

Please mark and provide the certification number and expiration of any of the below certifications that you currently hold.

CEN: Number_____ Expiration_____

SANE-A: Number_____ Expiration_____

CPEN: Number_____ Expiration_____

CFRN: Number_____ Expiration_____

CTRN: Number_____ Expiration_____

30 points each certification

Section 7 Points _____

Section 8 – Special Projects

Please list below and provide a brief synopsis of any special projects, which you are involved. These projects must reflect contributions to ENA on a local, state, or national level. Participation must be beyond the requirements of your current ENA office or committee role and those of your job role. Projects for which pay is received (other than an honorarium) cannot be included. Projects performed as a member of another organization such as volunteer rescue squad are not eligible. The special projects must enhance the image of nursing or emergency nursing in the hospital, community, or group. Attendance at State Council sponsored activities such as Fall symposium, EMS Symposium, ENA Leadership, or SESS are eligible.

Project Name	Brief Synopsis
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25 points each project

Section 8 Points _____

APPLICATION TOTAL POINTS: _____

Applicant's Signature: _____ Date: _____

Treasurer Verification: _____ Date: _____

Full disclosure of all funding sources must be provided when requesting reimbursement to determine total amount of eligibility

Reimbursement/Scholarship will be based on the following points scale:

100-175 Points = 25%; 176 – 250 Points = 50%; 251 – 325 Points = 75%; > 326 Points = 100%