**TAPAN EDUCATION SCHOLARSHIP ACTIVITY POINT WORKSHEET**

Name:_____Application Date: _____
Please mark the boxes for the appropriate points. Email your typed and signed application with all the verification documents to tapanstate1976@gmail.com and tapantreasurer@gmail.com

| I | Leadership Activities | Points | Specify |
|---|---|---|---|
| | 1. Officer | | |
| | National | ☐15 | |
| | State | ☐10 | |
| | Region | ☐5 | |
| | 2. Committee Chair | | |
| | National | ☐15 | |
| | State | ☐10 | |
| | Region/Chapter | ☐5 | |
| | 3. Committee Member | | |
| | National | ☐5 | |
| | State | ☐3 | |
| | Region/Chapter | ☐2 | |
| | 4. ASPAN Ambassador | ☐5 | |
| | 5. Moderator | | |
| | ASPAN Program | ☐5 | |
| | TAPAN Conference | ☐3 | |

Total Leadership Activity Points: _____

| II | Professional Activities | Points | Specify |
|---|---|---|---|
| | 1. Education | | |
| | A. Meeting Attendance | | |
| | ASPAN Conference | ☐5 | |
| | ASPAN Program | ☐3 | |
| | State Conference | ☐5 | |
| | Region/Chapter Seminar | ☐2 | |
| | Region/Chapter Meeting | ☐1 | |
| | B. Speaker | | |
| | ASPAN Conference | ☐15 | |
| | ASPAN Program | ☐10 | |
| | State Conference | ☐10 | |
| | Region/Chapter Seminar | ☐5 | |
| | Region/Chapter Meeting | ☐3 | |

| | | | |
|---|---|---|---|
| | C. CE Application Coordinator | | |
| | Program 1-5 hours | ☐5 | |
| | Program > 5 hours | ☐10 | |
| | 2. Certification | | |
| | CPAN/CAPA | ☐5 | |
| | Other Nursing Specialty | ☐5 | |
| | ABPANC Coach | ☐5 | |
| | Instructor BLS/ACLS/PALS | ☐2 | |
| | ACLS/PALS/NALS etc. | ☐1 | |
| | Item Writing | ☐2 | |
| | 3. Publication | | |
| | JoPAN | ☐20 | |
| | Peer reviewed professional Journal | ☐20 | |
| | Breathline | ☐10 | |
| | Eyeopener | ☐10 | |
| | Region Newsletter | ☐5 | |
| | Other | ☐5 | |
| | 4. Research | | |
| | Primary Investigator | ☐15 | |
| | Co-Investigator | ☐10 | |
| | Data Collection | ☐3 | |
| | 5. Recruitment | | |
| | Per new member | ☐1 | |
| | | | |

Total Professional Activity Points: _____

Combined Leadership and Professional Activity Points

Leadership Points: _____

Professional Points:_____

Total Activity Points: _____

SCHOLARSHIP CONTRACT

Please print clearly, or type.

Name: _____

Address: _____ City, State, Zip: _____

E-mail: _____ ASPAN #_____ Expiration: _____

Phone: _____(mobile) _____(Work)

Title of Program: _____ Date of Program: _____

In applying for a TAPAN Educational Scholarship, I hereby agree to the following stipulations:

1. I will attend the entire program for which I applied for scholarship money.
2. I will send a copy of the certificate of attendance and the receipts for the expenses incurred to the TAPAN Treasurer within thirty (30) days of the event.
3. I will submit a brief article within thirty (30) days of the program to the Eyeopener Editor for publication in the Eyeopener. The article will describe something I learned at the conference which will impact my own or my unit's clinical practice or enhance my leadership.
4. **If I fail to meet any of the above stipulations within the stated time frames, I understand that I will not receive a scholarship from TAPAN.**

Signature of Applicant:_____Date: _____

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For Official Use Only:

Date Received:_____Application Complete: ☐ Y ☐ N Approved: ☐ Y ☐ N

Check #:_____Date Issued:_____Amount: $

Certificate of Attendance due by:_____Received on: _____

Article due to Editor by:_____Received on: _____

Contract stipulations met: ☐ Y ☐ N.If No, no scholarship notification sent on: _____