

## ***Attention Nursing Students Interested in Psychiatric Mental Health Nursing!***

### ***American Psychiatric Nurses Association Board of Directors Student Scholarship Program***

#### **Application**

*Your school may submit multiple nominees/applicants — feel free to let others know about this application.*

Nursing students from across the United States are invited to apply and nursing faculty are invited to nominate one or more students from their school for the 2016 APNA BOD Student Scholarship Program. This scholarship is for registration, travel, and lodging expenses for the APNA 30th Annual Conference and one year complimentary membership in the APNA. **Please note that only completed applications received on or before May 9, 2016 will be considered. All required information on your submission must be completed before the deadline. There will be no exceptions.**

#### **Eligibility and selection criteria:**

**If applying as a GRADUATE Student:** At the time of nomination, be a full-time or part-time graduate student enrolled in an accredited nursing program leading to a Master's or Doctoral degree in nursing with an emphasis on psychiatric-mental health nursing.

**If applying as a PRELICENSURE/UNDERGRADUATE Student:** Be a full-time student enrolled in a state-approved nursing program leading to licensure as a Registered Nurse (Associate Degree, Diploma, Baccalaureate, Accelerated/2nd degree) at the time of nomination. **Students who will graduate in Spring 2016 are also eligible.** Prelicensure/Undergraduate students need to express an interest in psychiatric-mental health nursing.

#### **For both Graduate and Prelicensure/Undergraduate Applicants:**

- Have not previously received an APNA Student Scholarship.
- Have completed more than 50% of the total credits required for graduation.
- Have a minimum grade point average of 3.0 (on a 4.0 scale).
- Have a letter of nomination/recommendation from an APNA member (Program Director / Nominating Faculty / Nurse Professional). Letter must speak to nominee/applicant's interest and/or performance in psychiatric mental health nursing.
- Must meet all travel requirements and participate in the APNA 30th Annual Conference, October 19-22, 2016 in Hartford, Connecticut.
- Sign the necessary release forms.
- Provide post-conference evaluation of the program.
- Participate in an APNA project (details will be provided to scholarship recipients).

*There is no limit on the number of students nominated from your school. However, APNA reserves the right to limit the number of scholars selected per institution.*

#### **Required Document to Upload at the end of Application:**

- **Nomination/Recommendation Letter** - [Click here](#) to download the Professional Recommendation form that will need to be completed and uploaded later in the submission process. Remember, this person should speak to the nominee/applicant's interest and/or performance in psychiatric mental health nursing and must be an APNA member.

***\*\*This document must be uploaded onto the online submission site. No separately emailed or mailed documents will be accepted.***

## Contact Information for the Nominee/Applicant

Please select the type of application you are applying/nominating for.

Type of Application\*

*Important: Since notification will not be sent until July, please make sure that we have a street and email address to reach you at that time.*

First Name\*

Last Name\*

Address Line 1\*

Address Line 2

City\*

State\*

**Zip / Postal Code\***

**Phone\***

**Email\***

**Secondary Email  
Address**

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Amount of course work completed at the time of application (Specify credit hours or units. Do not only list the number of classes taken.):

**Course Work  
Completed\***

**Total Required for  
Graduation\***

**Anticipated  
Graduation Date  
(MM/YY)\***

**GPA\***

**Status\***

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List all degrees completed and those in progress:

**Previous Schools\***

List relevant professional certifications:

**Professional  
Certifications**

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**School of Nursing Information**

*State-approved nursing programs only*

**Dean/Director/Chair\***

**Title\***

College/University/Hospital/Nursing Program

**Institute\***

**Complete School Address\***

**School City\***

**School State\***

**School Zip\***

**Dean/Director/Chair phone\***

**Fax**

**Email address\***



Type of Graduate Program\*

If you selected Non-PMHN Master's Program, please enter your focus here.

Focus

If you selected "Other" as your Graduate Program, please enter it here.

Other Graduate Program

## Student, Community, and Employment Profile

**Leadership Activities in the current academic setting or professional organizations (list activities and/or offices held on boards, chapters, committees, task forces, elected positions): (last five years)**

*If you have no activities to enter in any of the following areas, enter "None."*

**School, professional or nursing organization, and community volunteer activities\***

Characters: 0 of 500 (500 remaining), Words: 0

**Awards and Honors (awards, scholarships, honor society memberships)**

*If you have no awards or honors to enter in this area, enter "None."*

**Awards and Honors\***

Characters: 0 of 500 (500 remaining), Words: 0

**Employer 1**

**Job Title 1**

**Employer 1 Dates**

**Employer 2**

**Job Title 2**

**Employer 2 Dates**

**Employer 3**

**Job Title 3**

**Employer 3 Dates**

**Employer 4**

**Job Title 4**

**Employer 4 Dates**

## **Essay Statements and Letter**

**Career and  
Professional Goals:\***



Characters: 0, Words: 0 of 200 (200 remaining)

**How is your advanced nursing education going to make a difference in your commitment to provide care for the population you see yourself serving?**

**Education Impact on Practice\***

Characters: 0, Words: 0 of 200 (200 remaining)

**Tell us why you should be selected for the APNA BOD Student Scholarship.**

**Why You Should Be Selected\***

Characters: 0, Words: 0 of 200 (200 remaining)

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Please upload your Nomination/Recommendation Letter below.

[Click here](#) to print, complete, and sign the Nomination/Recommendation Letter.

The accepted files types are .doc, .pdf and .jpg.

### How to Upload:

When you are ready to upload your file, click on "Browse" to the right of the field and choose your file to be uploaded.

### Re-uploading files:

If you are changing or re-loading a file, click on "Browse" to the right of the field you are changing, select your file to be uploaded, and click Upload.

### Nomination/Recommendation Letter\*

You have uploaded 0 of 1 allowed files. A minimum of 1 is required.

[Add New](#)

## Agreement and Release

### Nominee / Applicant Agreement Statement

If I am selected to be a recipient of an APNA BOD Student Scholarship, I agree to keep the APNA informed of any change in my address; participate in all APNA BOD Student Scholarship Program activities; and stay in the housing provided for me under the program. I understand that the APNA expressly disclaims any and all responsibility and shall not be liable for any injury, loss, damage, expense, delay or inconvenience which may be caused to or sustained by me as a recipient of an APNA BOD Student Scholarship (including cancellation of any program activities), or to my property from any cause whatsoever, including, but not limited to the acts of any agent, servant or employee, or any carrier, or hotel or other establishment to furnish reservations or accommodations, the cancellation or delay in departure or arrival of any scheduled trip or flight, or accidents, collisions, thefts, strikes, weather conditions, disease, war, civil disturbance or government restrictions.

I understand and agree to the above agreement statement\*

### Nominee / Applicant Release Statement

If I am selected for the APNA Board of Directors Student Scholarship Program, I hereby give to the APNA the irrevocable right and permission with respect to (i) any photographs or videos that they may take of me (including photographs or videotapes of others in which I may be included), (ii) the use of my name, likeness or picture and (iii) any statement or other information supplied by me in connection with any film, videotape, audio tape, record, photograph, book or other medium that may be broadcast, published, reproduced or otherwise

publicly displayed or distributed or in connection with a news report, documentary or other similar news or public affairs program:

(a) To copyright the same in their own name or in any other name that they may choose;

(b) To use and publish the same in whole or in part, individually or in conjunction with other printed matter or other photographs or videotapes, in any medium and for any purpose whatsoever; and

(c) To use my name in connection therewith if they so choose.

I understand and agree that my participation in any publication or production referred to above is entirely voluntary, and that I will not receive any compensation or reimbursement of expenses in connection with the use of my representation or any statements or other information supplied by me.

I hereby release and discharge the APNA, the sponsors of any publication or production, and their respective trustees, officers, employees, agents, representatives, licensees and assigns from any and all claims and demands arising out of or in connection with the use of my representation, the use of any statements or other information supplied by me, or the exercise of the right or permission granted hereunder. Such release and discharge shall include, but not be limited to, any and all claims and demands relating to libel or invasion of the right of privacy.

**I understand and agree to the above release statement\***

**Signature:\***

**Date (MM/DD/YY):\***