

NAPNAP/MCNEIL ANNUAL CONFERENCE

GRANT-IN-AID

Directions for Application

1. **ORIGINAL PLUS FOUR COPIES** (total 5) of the completed application with all support documents must be received in the NAPNAP National Office **postmarked by OCTOBER 4, 2007.**
2. Grant monies will be allocated to the recipients for **registration and airfare** only. This allows a greater number of individuals the opportunity to attend.
3. Questions regarding the application procedure can be directed to the NAPNAP National Office.

NOTE: Grant recipients are ineligible to receive another grant for three years following the award.

2/28/07 vm

GRANT-IN-AID APPLICATION FORM

I. PERSONAL DATA

A. Name: _____

Address: _____

Home # _____ Work # _____ Email _____

Title: ____ PNP ____ SNP ____ FNP ____ CNS ____ OTHER

B. Have you received the NAPNAP-McNeil Grant-in-Aid for Annual Conference attendance before? ____ NO ____ YES

_____ (Year) _____ (City)

C. Are you certified? ____ YES ____ NO

If YES, by whom? _____

D. 1. Are you currently employed as a PNP?

____ YES. Describe your current job responsibilities _____

____ NO. Specify reason: _____

2. Number of hours per week worked as an advanced practice nurse in pediatrics

3. Number of years employed as an advanced practice nurse in pediatrics since completion of educational program: _____

4. Current place of employment: _____

City

State

Zip

Practice Setting (choose only one)

(1) ____ Suburban

(5) ____ Inner City, Underserved Population

(2) ____ Urban

(6) ____ Rural, Underserved Population

(3) ____ Rural

(7) ____ Other, (Specify) _____

(4) ____ Military

II. CONTINUING EDUCATION DATA

A. 1. What are your state requirements for the number of continuing education contact hours required per year?

2. What are your state requirements for the number of pharmacology education contact hours required per year?

B. 1. Accessibility of CE: Nearest University or school with CE applicable to the PNP (round-trip driving miles)

(1)___50 miles or less

(3)___101-150 miles

(2)___51-100 miles

(4)___Greater than 151 miles

C. 1. Usual Source of Continuing Education (i.e., classes, workshops, conferences, independent study programs, etc.): _____

2. Number of contact hours (10 contact hours = 1 CEU) of continuing education completed last calendar year. _____

3. Financial support for CE by employer or other source per year

a. Paid time off for CE last year (Jan.-Dec.)

(1)___0 days

(4)___11-15 days

(2)___1-5 days

(5)___16-20 days

(3)___6-10 days

(6)___21 or more days

b. Registration/Tuition fees paid? Yes___ No___

If Yes, Total Paid \$_____

c. Travel/per diem/lodging paid? Yes___ No___

If Yes, Total Paid \$_____

III. NAPNAP INVOLVEMENT (Mark all appropriate boxes).

A. National NAPNAP activities/committees

B. 1. Are you a member of a NAPNAP chapter?

Yes _____

No

Chapter

2. What is the nearest chapter?_____ Distance? _____

C. Do you hold office/participate in a committee in your NAPNAP chapter?

Yes _____ No

_____ Elected Officer (Specify) _____ Committee Chair/Member (Specify)

_____/_____
Office/Committee Year
_____/_____
Office/Committee Year

IV. FINANCIAL DATA

A. Total Taxable Income last year (Jan.-Dec.) Indicate the figure reported to IRS and check appropriate line.

_____ Self _____ Self & Spouse

- | | |
|-----------------------------|------------------------------|
| (1) ___ Less than \$20,000 | (7) ___ \$45,001 - \$50,000 |
| (2) ___ \$20,001 - \$25,000 | (8) ___ \$50,001 - \$55,000 |
| (3) ___ \$25,001 - \$30,000 | (9) ___ \$55,001 - \$60,000 |
| (4) ___ \$30,001 - \$35,000 | (10) ___ \$60,001 - \$65,000 |
| (5) ___ \$35,001 - \$40,000 | (11) ___ \$65,001 - \$70,000 |
| (6) ___ \$40,001 - \$45,000 | (12) ___ Over \$70,000 |

V. PRIMARY REASON FOR APPLYING FOR THIS GRANT

A. ___ Financial Need B. ___ Lack of Available Continuing Education C. ___ Both

Explain: _____

VI. INDICATE ANY OTHER CIRCUMSTANCES DEMONSTRATING YOUR NEED OR MERIT FOR THE GRANT-IN-AID (Attach separate page)

VII. BENEFITS OF ATTENDANCE: (Please answer A and B on separate page)

- A. Benefits: Discuss how attending this continuing education conference will enhance your professional development and goals.
- B. Use of Experience: How will you use the education and experiences from the Annual Conference in your professional practice?

VIII. **BUDGET REQUEST-ANNUAL CONFERENCE** - Nashville, Tennessee, April 14-17, 2008.

\$_____ Airfare based on least expensive fare (Estimate of airfare is required for budgeting purposes)

What airport will you be flying out of? _____

OR

\$_____ Auto transportation (Based on_____ miles @.44.5 ¢/mile)
(Not to exceed applicable airfare rate)

\$_____ Registration fee (member \$370; student \$185)

\$_____ Total amount requested

* * * * *

I acknowledge that the information submitted in this application is correct.

Signature

Date

National Office Use only: Current Member: Yes _____ No _____ Certification: Yes _____ NO _____ PNCB_____ ANCC _____ Other _____ Nearest Chapter _____ Distance to nearest chapter _____ National Level Volunteer? Yes _____ No _____ Specify _____ Information verified by _____
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