



**INDIVIDUAL EDUCATION
SCHOLARSHIP APPLICATION**

Full Name:

Credentials (enter as you would like them to appear with your name in publication):

Application for which Individual Education Scholarship (check one below):

Associate

Bachelor's

Master's

Doctorate

DNP
or
PHD

Home Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Email Address:

Employer:

Title/Position:

Supervisor:

Supervisor Title:

HPNA Membership Number:

Expiration Date:

Do you belong to an HPNA Chapter or Provisional Group or SIG?

Yes No

If yes, please list:

Are you currently certified through the Hospice and Palliative Credentialing Center (HPCC), formerly known as NBCHPN?

Yes No No

If yes, Certification Date:

Was this Certification or Renewal?

Are you currently certified through any other nursing specialties? Yes No

If yes, please list certifications here:

How many years have you worked in Nursing?

How many years have you worked in Hospice and Palliative Nursing?

What is your specialty practice?

How did you learn about this scholarship? (check all that apply)

HPNA Website	HPNF Website	HPCC Website	Employer
Colleague	HPNA Chapter	HPNA E-Newsletter	Brochure
Conference	Email Notification	Other	

Entry Level Nursing: Diploma Associates Degree BSN or Bachelor's

Graduate Level: MSN or Master's DNP PhD Other

Expected Date of Completion/Graduation: Month Year

Name and address of college/university/school in which you are enrolled:

Is this university accredited by CCNE or ANCC?

Yes No

During the upcoming academic year, I will be a: Full time student Part time student

During the upcoming academic year, I will also work:

Full time Part time Not at all

Have you ever received an HPNF Individual Education Scholarship?

Yes No Date

Have you applied to or received scholarships from other funding sources, including your employer, to help defray costs of your education this past year?

Yes No Date

Are you currently being mentored? Yes No

Are you currently mentoring another? Yes No

ESSAY - Attach to Application

Provide an essay and address all of the following points for the Scholarship Review Committee (*please note, spelling, grammar and syntax will be evaluated*), minimum 500 words, maximum 3 pages

1. A detailed statement about your long term professional goals; how you will achieve them and how this scholarship impacts your academic journey.
2. Why is education important and what role does it play in advancing Hospice and Palliative care?
3. Statements on working /volunteering in Hospice and Palliative Care; interest and dedication, sharing professional knowledge, involvement at local, state and national levels and commitment to lifelong learning

SUPPORTING DOCUMENTS - Attach to Application

1. Enrollment: To be eligible, individuals must be enrolled in a school of nursing or doctoral program, be formally matriculated, in good standing and have successfully completed at least one semester of coursework. Please send transcripts from the enrolled institution or through the National Student Clearing House, www.studentclearinghouse.org/
2. One professional letter of reference, signed and on institutional letterhead from an educator, supervisor or colleague which includes assessment of scholastic ability and involvement and commitment to hospice and palliative care.
3. Your resume or CV (2 pages or less)

APPLICANT SIGNATURE

I certify that the information supplied is accurate to the best of my knowledge. Also, in the event that I am awarded a scholarship:

I certify that I will submit a minimum one page report to HPNF, within 1 year of receiving scholarship monies, explaining how the funds were used.

I understand that my statement, photo and award information may be used by HPNF for newsletters, website, and other informational and promotional purposes regarding the value of the Individual Education Scholarship.

I understand that I am responsible for all tax implications associated with this scholarship.

I will return this scholarship to HPNF if I am unable to use it for its intended purpose.

APPLICANT SIGNATURE

DATE

TO APPLY, submit a completed **INDIVIDUAL EDUCATION SCHOLARSHIP APPLICATION** with Essay and Supporting Documents by email to info@hpnf.org. The deadline is May 13, 2018. An acknowledgment of receipt will be emailed on the next business day upon receipt of an application. The HPNF Individual Education Scholarship Review Committee takes into account adherence to submission guidelines, completeness of application materials and quality of responses when reviewing applications and selecting awardees.