



Mini-Scholarship Application

Eligibility Requirements:

- 1) Current NWPNM Active Member
- 2) PN reports on file through last completed quarter of this calendar year
- 3) Request is for education/training program relevant to parish nursing
- 4) If April-September, PN has not yet received mini-scholarship or grant this year
- 5) If October-December, PN has not received more than 1 award already this year

Personal Information:

<i>Last Name</i>	<i>First Name</i>	<i>Telephone #</i>	<i>Email Address</i>
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<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Parish Name</i>	<i>Telephone #</i>	<i>Email/Website</i>
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<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Program Information:

Name of Program

<i>Date(s)</i>	<i>Time</i>	<i>Total Program Fee(s)</i>
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<i>Venue/Host</i>	<i>Address</i>
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<i>Telephone</i>	<i>Website/Email</i>
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(Continued on Reverse)

NWPNM Mini Scholarship Application (continued)

Please explain why you would like to attend this program and how it will benefit your work as a parish nurse and/or improve your parish nurse ministry:

Agreement of Award Conditions

I, _____, hereby request a scholarship in the amount of \$ _____
(print full name) (amount requested)

from Northern Waters Parish Nurse Ministry, in accordance with the requirements listed above. I understand that any award I receive must be used for the purpose of attending the educational program outlined in this document. I agree to submit a follow-up report within 60 days of attending the program and understand that failure to do so will result in the revocation of the award and I will be held responsible for returning the full amount of the award. Additionally, if the program is cancelled or I am unable to attend, I agree to return the entire amount of the award to Northern Waters Parish Nurse Ministry within

30 days of the program date. Signed _____ Date ____ / ____ / ____

Office Use Only Date Received ____ / ____ / ____ Eligible Y/N (If no, circle 1 2 3 4 5)

PN Name _____ Parish _____

Amount Granted \$ _____ Check # _____ Date Issued ____ / ____ / ____

Authorized by (2 signatures) _____

Follow-up Report Due: ____ / ____ / ____ Received: ____ / ____ / ____ (attach to form)

Notes: _____