

## NAPNAP McNeil Annual Scholarship Qualifications

Through the generosity of grants from the McNeil Consumer Products Company, NAPNAP will award two annual scholarships of **\$2,000** each to students enrolled in pediatric nurse practitioner programs.

### **To be eligible for the scholarship, applicants must meet the following criteria:**

1. Be a registered nurse with at least three years previous work experience in pediatrics.
2. Documented acceptance at a recognized PNP program. A PNP program, for purposes of this scholarship, is defined as one which primarily prepares an individual to deliver child health care services that are ambulatory in nature. The program must be associated with an academic institution authorized to award a master's degree in nursing. The program can be a MSN-PNP program or a Post-Master's degree PNP program.
3. Have no previous formal pediatric nurse practitioner education.
4. Demonstrate financial need, based on submission of information regarding resources.
5. State rationale for seeking PNP education that is consistent with NAPNAP's mission statement.

In addition, students must maintain the following:

1. Full-time status (9 or more credit hours/semester) while in PNP program.
2. G.P.A. of 3.0 or higher.
3. NAPNAP membership.
4. Provide NAPNAP with ongoing accounts regarding student status, as requested.

Interested students should complete the attached application form. Scholarships for each academic year are awarded for both the Fall and Spring semesters/quarters. Individuals who are enrolled in a program within the current academic year will be reviewed. Deadlines for receipt of applications are **MAY 30TH POSTMARK** for students entering the subsequent FALL semester programs and **SEPTEMBER 30 POSTMARK** for students entering either FALL or SPRING semester programs of the current academic year. Students who begin a program in January may also apply the following MAY if clinical course work will continue into the next academic year.

The scholarship recipients will be determined by NAPNAP and notified within two months of the application deadline. The recipients will be formally recognized at NAPNAP's Annual Conference. Airfare and conference registration fees will be paid by NAPNAP.

**FOUR COPIES OF THE APPLICATION AND ACCOMPANYING MATERIALS** should be mailed to the address on page 1. Due to the number of copies required, **applications cannot be accepted on the Internet or Facsimile.**

## MCNEIL SCHOLARSHIP APPLICATION

### PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

1. All information must be printed in ink or typewritten.
2. Complete all sections
3. Label all attachments.

#### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_  
Date to Committee: \_\_\_\_\_  
Score: \_\_\_\_\_  
Selected: \_\_\_ Not Selected: \_\_\_  
Date Notified: \_\_\_\_\_

- \_\_\_\_\_ Application form with all sections completed
- \_\_\_\_\_ Documentation of RN license
- \_\_\_\_\_ Documentation of acceptance into a PNP program signed  
by faculty coordinating the program
- \_\_\_\_\_ PNP program brochure with designated plan of study highlighted
- \_\_\_\_\_ Documentation of the length of the clinical coursework
- \_\_\_\_\_ Documentation of tuition and fees
- \_\_\_\_\_ IRS Form 1040 from previous year
- \_\_\_\_\_ Other attachments  
Please number and list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **FOUR (4) COPIES OF THE APPLICATION & ACCOMPANYING  
MATERIALS** should be mailed to the address above. Due to the number of copies required,  
*applications cannot be accepted via Internet or Facsimile.*

(Please return this form with your application)

## MCNEIL SCHOLARSHIP APPLICATION

1. APPLICANT'S NAME: \_\_\_\_\_  
 2. HOME ADDRESS: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. R.N. LICENSE #/STATE: \_\_\_\_\_ (ATTACH COPY):  
 4. PNP PROGRAM INFORMATION: ATTACH LETTER OF ACCEPTANCE SIGNED BY THE FACULTY WHO COORDINATES THE PNP PROGRAM. A LETTER OF ACCEPTANCE BY THE REGISTRAR OF STUDENTS IS **NOT** ACCEPTABLE.

Name of program: \_\_\_\_\_

Type of program:    Master's 9    Post-Master's 9

Date course work begins: \_\_\_\_\_ Total length of the graduate program: \_\_\_\_\_

Length of clinical PNP course work on a full-time basis (include total number of semester or quarter units):

\_\_\_\_\_ Semester Units    \_\_\_\_\_ Quarter Units

5. EDUCATION BACKGROUND:

<u>School</u>	<u>Degree</u>	<u>Date of Completion</u>

6. PROFESSIONAL PEDIATRIC EMPLOYMENT:

Please list current employer first and include all PEDIATRIC employment for the last 10 years.

<u>Employer</u>	<u>Position</u>	<u>Date of employment</u>

7. COMMUNITY SERVICE ACTIVITY:

<u>Agency Role</u>	<u>Type of Service/Leadership Roles</u>

8. PROFESSIONAL ASSOCIATION MEMBERSHIP:

<u>Organization</u>	<u>Offices Held/Committees served</u>	<u>Dates of membership</u>

9. PERSONAL GOALS: Please write a brief essay 500 - 1000 words that addresses each of the following (use a separate page):

A Why do you want to become a PNP?

B. Describe your professional aspirations/plans (include certification, continuing education, affiliation with professional organizations and setting you plan to work in).

10. EXPENSES - Please complete attached worksheet.

11. RESOURCES - Please complete attached worksheet.

12. How will you finance the additional expenses of the program that are not covered by the scholarship?

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13. Please write a brief summary and share with the committee any special circumstances that require you to request financial aid or why you need financial aid.

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<p><b>10. PROJECTED EXPENSES FOR PERIOD OF ENROLLMENT IN PNP COURSE WORK:</b> Please note that all requested information must be submitted even if it is zero. If any item needs further explanation, use an additional piece of paper.</p> <p><b>A. TUITION &amp; FEES</b></p> <p><b>Tuition</b>  Per semester/quarter: _____  Per academic year: _____  Summer session: _____</p> <p><b>Student Fees</b>  Per semester/quarter: _____  Per academic year: _____  Summer session: _____</p> <p>TOTAL TUITION &amp; FEES: _____</p> <p><b>B. BOOKS &amp; EQUIPMENT</b></p> <p><b>Books</b> (course work only): _____  Equipment required for practice: _____  Please itemize: _____</p> <p>TOTAL FOR BOOKS &amp; EQUIPMENT: _____</p> <p><b>C. PERSONAL LIVING EXPENSES</b></p> <p>These expenses are for the applicant only, not total family expenses. If you live with others (family, friends), itemize only your share of the expenses. If you must live away from home by yourself, these expenses should be projected. These expenses should be projected <i>per month</i> and multiplied by the total months necessary to complete the program.</p> <ol style="list-style-type: none"> <li>1. Room &amp; Board (if living on campus in a dormitory) _____</li> <li>2. Rent _____</li> <li>3. Food _____</li> <li>4. Utilities _____</li> <li>5. Day care (only if needed to attend program) _____</li> <li>6. Medical/Dental insurance (if not paid by your or spouse's employer) _____</li> </ol> <p>TOTAL LIVING EXPENSES: _____</p>	<p><b>PROJECTED EXPENSES (continued):</b></p> <p><b>D. TRANSPORTATION</b>  Include if required as part of your clinical assignment. Do not include transportation to and from the University unless you are commuting over 100 miles round trip.</p> <p># of miles/month _____ x program length (in months) _____ x \$.28 mile _____</p> <p>TOTAL TRANSPORTATION COSTS: _____</p> <p><b>E. OTHER EXPENSES</b>  Please be specific &amp; itemize: _____</p> <p>TOTAL OTHER EXPENSES: _____</p> <p><b>TOTAL PROGRAM EXPENSES:</b> _____  (Add totals from section 10A - 10E)</p>
<p><b>11. PROJECTED RESOURCES you will be enrolled in course work. Please project amounts if not already enrolled in a program.</b></p> <p><b>A. Net (take-home) income for self</b> _____</p> <p><b>B. Net income</b> ( spouse, parents, others): _____</p> <p><b>C. Savings &amp; Investments</b> (Total family resources which are available to be used for your education) _____</p> <p><b>D. Anticipated stipend, scholarships, or traineeships:</b> This includes the one awarded from the DHHS (Federal Advanced Nursing Traineeship) _____</p> <p><b>E. Paid leave of absence, reimbursement of tuition from employer</b> _____</p> <p><b>TOTAL PROJECTED RESOURCES:</b> _____  (Add totals from section 11A - 11E)</p>	

Please submit last year's IRS Form 1040 form in addition to the above information.