



**HPNA-SPONSORED CONFERENCE
SCHOLARSHIP APPLICATION**

Full Name:

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

Application for which HPNA-Sponsored Conference (check one below):

**HPNA Clinical
Practice Forum**

**Certification Review -
ACHPN/CHPN**

**HPNA Virtual
Program**

**AAHPM/HPNA
Annual Assembly**

**HPNA
ELNEC**

Date of Conference Registration:

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

If yes, Certification Date: Was this Certification or Renewal?

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	

Have you ever attended an HPNA Conference?

Yes No

If yes, please indicate conference title, city held and date:

Have you ever received an HPNF Conference Scholarship?

Yes No

If yes, please indicate conference title, city held and date:

Have you applied to other funding sources for a scholarship to this Conference?

Yes No

Will you be reimbursed by your employer?

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*)

1. Your experience and interest in hospice and palliative care
 - clear & organized statement of interest
 - how attendance at conference will impact your continued interest

2. What you expect to gain from attending the conference and how knowledge from this conference could be directly applied to your practice in palliative nursing
 - specific examples of what you expect to gain
 - specific examples of how you will apply knowledge gained to your nursing practice
 - personal goals for continued professional development

3. One instance where you demonstrated innovation in responding to challenges in practice
 - clear description of instance
 - clear description of outcomes of this instance

*** SUPPORTING DOCUMENTS - Attach to Application**

- 1. Verification of registration and payment
- 2. One professional letter of reference recommendation
- 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:

- 1. I certify that I will submit a minimum of one page report to HPNF, within 30 days of attending the conference, about the value derived from attending the conference and what information I intend to implement in my practice and care of patients.
- 2. 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 attending an HPNA-sponsored conference and the Conference Scholarship.
- 3. I understand that I am responsible for all tax implications associated with this scholarship.
- 4. 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 HPNA-SPONSORED CONFERENCE SCHOLARSHIP APPLICATION** with required **Essay and Supporting Documents** by email to **info@hpnf.org**. An acknowledgment of receipt will be emailed on the next business day upon receipt of an application. The HPNF Conference Scholarship Review Committee takes into account adherence to submission guidelines, completeness of application materials and quality of responses when reviewing applications and selecting awardees.