

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	

What degree are you pursuing?

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: 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*)

1. Statement of how scholarship funds will be used.
2. Commitment to profession and specialty.
3. Statement of how the scholarship will help advance the profession

*** SUPPORTING DOCUMENTS - Attach to Application**

1. Verification of Enrollment. Note: *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 use the HPNF Enrollment Verification Form.*
2. One professional letter of reference on institutional letterhead from an educator, supervisor or colleague which includes assessment of scholastic ability 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 at info@hpnf.org. 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.