**CRITERIA FOR AWARDING JOY F. REED**

**LEADERSHIP SCHOLARSHIP(S)**

A. Scholarship(s) shall be awarded to present public health nurses currently licensed

as a registered nurse in North Carolina for continuing education in pertinent leadership courses, trainings, conferences or certification programs.

B. Applicants must be current members of either NCPHA or NCAPHNA.

C. The total of the award(s) shall not exceed more than 75% of the amount of funds available in the current scholarship fund.

D. The applicant(s) must agree in writing that it is his/her/their intent to work in a public health agency for 2 years in North Carolina following completion of training. If this is not upheld, the recipient will refund the award back to the scholarship fund.

E. In the event the recipient fails to attend the proposed course, training, conference or certification program, the recipient will refund the award back to the scholarship fund.

F. Where the award is given to more than one (1) recipient and there are applications from members of both NCPHA and NCAPHNA, no more than one from each organization can receive the award.

G. The following factors will be taken into account in selecting a scholarship recipient(s):

 1. Anticipated registration or currently registered in a pertinent leadership course,

 training, conference or certification program.

 2. Potential leadership contribution of service to the people of North Carolina.

 3. Reasons for seeking additional training and relationship of such training to

 career expectations.

 4. Financial need.

H. Applications along with two (2) letters of recommendation and a current resume or curriculum vitae (CV) must be submitted to Jaimee Watts Isley, Past Chair NCPHA Nursing Section (jaimee.watts@gmail.com). Applications must be submitted no later than July 28, 2023.

**APPLICATION FOR JOY F. REED LEADERSHIP**

**SCHOLARSHIP – NCPHA NURSING SECTION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current member of NCPHA yes\_\_no\_\_\_ Current member of NCAPHNA yes\_\_no\_\_\_

Employer Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of service in Public Health\_\_\_\_\_\_\_\_\_\_

Current job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach a current resume or a curriculum vitae which outlines your job duties for your current and relevant past positions and demonstrates a progression in leadership skills.**

Highest Degree earned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.C. Nursing License/Registration Number and Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current certifications, special recognitions, membership in professional organizations and committee/officer roles:

**Please describe how you plan to apply the knowledge you expect to gain through the additional training, courses, conferences and/or certification programs in your goal towards a leadership role in public health (typed on a separate one page double spaced).**

Type of course, training, conference and/or certification program planned:

Dates for this planned program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of institution providing training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you registered for this course already? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If not registered, when are the dates for registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you need this scholarship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much financial assistance do you anticipate receiving from other sources? \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share your reasons for applying for this scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is my intent to work in public health in North Carolina for at least two years after completion of this program/training. Yes\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand if I do not attend and/or complete the training that is being requested with this scholarship or if I leave public health in North Carolina within two years of this award I will be responsible for refunding all financial awards back to the scholarship

fund. Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Application Checklist – please indicate if the following****required items are enclosed or being sent separately by the** **July 28, 2023 deadline*** **Resume or curriculum vita**
* **One page statement on how you plan to apply the**

**knowledge gained from the training in your goal** **towards a leadership role in public health*** **Two letters of recommendation from persons who**

**have knowledge of your public health work:****Recommender 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_Enclosed \_\_\_Being sent separately*** **Recommender 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_Enclosed \_\_\_Being sent separately** | **Submit electronically to:****Joy F. Reed Leadership****Scholarship Committee****c/o Jaimee Watts Isley** **jaimee.watts@gmail.com** |

**I certify that my application is truthful and complete.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date