**NCPHA Nursing Section Scholarship**

The NCPHA Nursing Section Scholarship Committee is pleased to announce that a scholarship in the amount of $500.00 will be available for one or more applicant(s) selected by the committee. The number of scholarships available is dependent upon the amount of funds available each year. To be considered, candidates must meet the following criteria:

The candidate must:

* Be a current member of the NCPHA Nursing Section;
* Have been employed in Public Health for at least three years;
* Submit three letters of recommendation from the Health Director, DON or Supervisor, and one additional person;
* Submit the Application for The NCPHA Nursing Scholarship;
* Be currently enrolled in an advanced Nursing Program (BSN, Masters, etc.) and submit academic records showing enrollment status;
* Submit proof of a cumulative GPA of 2.5 or greater; and

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* Confirm in writing that it is his/hers intent to work in a public health agency in North Carolina for at least (2) years following completion of educational program.

The following factors will be taken into account in selecting the scholarship recipient.

* + Current position and training requirements.
	+ Financial need and/or hardship to the local agency with financing the cost of the training and associated expenses.

The Nursing Section Scholarship recipient(s) will be notified prior to the annual meeting. The check(s) will be presented during the Nursing Section Business meeting at the annual NCPHA Fall Educational Conference.

**Please send all requested materials electronically to:**

**Jaimee Watts Isley, Past Chair NCPHA Nursing Section**

Email: jaimee.watts@gmail.com

**Applications must be submitted no later than July 28, 2023**.

**APPLICATION FOR THE NCPHA NURSING SCHOLARSHIP**

Please fill out electronically, then print and submit with other requested materials.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer’s Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_ Professional Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current job title and responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Highest Degree earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licensure/Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of degree planned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Expected goals in the field of public health.

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\_\_\_\_I am attending \_\_\_\_ Plan to attend

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

(Name of Program)

Date(s) of enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you are requesting financial assistance.

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

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What additional financial aid will be utilized?

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What other NCPHA (including Section) scholarships have been applied for within the past two years:

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It is my intent to work in a public health agency in North Carolina for at least (2) years following completion of educational program. \_\_\_\_Yes \_\_\_\_No

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Signature Date

**Please send all requested materials electronically to:**

**Jaimee Watts Isley, Past Chair NCPHA Nursing Section**

Email: jaimee.watts@gmail.com

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