

Agnes Marshall Walker Foundation (AMWF) Travel Grant Application

These guidelines, prepared by the Agnes Marshall Walker Foundation (AMWF), are offered to elaborate on the required documentation for the AMWF Travel Grant and provide insight regarding what the review committee expects from applicants. Adherence to these guidelines does not guarantee that the applicant will receive a grant. Applicants may seek additional clarification from any member of the AMWF staff or board.

Purpose:

Provide financial assistance to neuroscience nursing professionals to attend the 2015 AANN Annual Meeting.

Amount of Travel Grant:

\$750.00 which can be used for registration, special sessions, and/or travel & hotel expenses; the total number of awards and amount of each award will be determined by the AMWF Board of Trustees.

Eligibility:

- 1. Open to all neuroscience nursing professionals.
- 2. The following are not eligible: current National or International Leadership Board of Directors members.
- 3. Must not have received a travel grant, certification, or recertification grant from AMWF within the past 5 years. Must be currently working in neuroscience nursing.
- 4. One letter of recommendation from a local chapter leader or supervisor in support of applicant must be submitted. This letter, along with one copy of the nursing license or RN Certificate, must be scanned into electronic format and submitted with the email application.

Documentation

- 1. Completed application
- 2. Letter of recommendation
- 3. Copy of nursing license or RN Certificate (international members)

Deadline

- 1. Completed applications must be <u>received</u> at the AMWF Headquarters by email no later than **September 30, 2014. AMWF only accepts submissions via email.**
 - a. Email to grants@AMWF.org (subject line: 2015 AANN Annual Meeting Nashville Travel Grant Application)
- 2. Incomplete applications will not be considered.

Review Process:

- 1. Completed applications will be reviewed by the Agnes Marshall Walker Foundation (AMWF) Board and scored based on the applicant's compliance with eligibility criteria as well as quality and comprehensiveness of response.
- 2. If you have not obtained notification that your application has been received at the AMWF office by 2 weeks after the send date, please contact AMWF at info@amwf.org.

Notification

All applicants will be informed of the AMWF Board decision prior to mid-October of 2014.

Questions

If you have any questions about this grant or the application process, please contact AMWF staff at grants@AMWF.org.

Recipients of this grant agree to:

- 1. Utilize grant funds towards attendance to the 2015 AANN Annual Meeting.
- 2. Submit a summary quote or statement to AMWF about the benefits of receiving the grant within ninety (90) days of attending the annual meeting. Send the statement to grants@AMWF.org.
- 3. Grant permission to AANN and AMWF to use their name in promotion of the AMWF grant program in the AANN *Neuroscience News*, AANN/ABNN website, at the AANN Annual Meeting, on Facebook, through other social media, and otherwise.

2015 AMWF Travel Grant Application

*indicates required field

| *Home Address: *Home Phone: Work Address: |
|--|
| *Home Phone: |
| |
| Work Address: |
| |
| Work Phone: |
| *Email: |
| *Nursing License # and date of expiration: |
| *Please provide an electronic (e.g., scanned) copy of license or other documentation. If not applicable (i.e., international members), provide a copy of your RN certificate and an English translation of the document. |
| *Have you attended AANN Annual Meetings in the past? Yes No |
| *Are you presenting at this year's AANN Annual Meeting? Yes No Unknown (submitted abstract) |
| *Do you have any means for financial support outside of personal income to attend this year's AANN Annual Meeting? Yes No |
| If yes, explain and provide estimated US dollar amounts. Example: institution pays \$475 for registration fee. |
| |
| |

| As a recipient of this grant, I agree to: | | | | | |
|---|---|------|--|--|--|
| 1. | Utilize grant funds to attend the 2015 AANN Annual Meeting in Nashville, TN. | | | | |
| 2. | Submit a summary quote or statement to AMWF about the benefits of receiving the grant within ninety days of attending the annual meeting. Send the statement to grants@AMWF.org . | (90) | | | |
| 3. | Grant permission to AANN and AMWF to use my name in promotion of the AMWF grant program in the AANN <i>Neuroscience News</i> , AANN/ABNN website, at the annual meeting, on Facebook, through other soc media, and otherwise. | ial | | | |
| | Authorized Signature (electronic) Date | | | | |

2015 AMWF Travel Grant Application continued

The following questions are used by the AMWF review committee to evaluate your Travel Grant application. The committee's decision will be based on your responses. Your responses to the following questions should not reveal your identity to ensure the review process is blinded.

"The mission of the Agnes Marshall Walker Foundation is to support Neuroscience nursing through education, research, professional development, and certification to promote excellence in patient care."

| | 1. | Please tell us the objectives you wish to accomplish by attending the AANN Annual Meeting. Be as specific as possible. Answers should be in bullet point format. <u>List at least 3 but no more than 5 objectives</u> |
|---|----|---|
| | | specific as possible. Allowers should be in ballet point format. <u>List at least 5 but no more than 5 objectives</u> |
| • | | |
| | | |
| • | | |
| | | |
| _ | | |
| • | | |
| | | |
| • | | |
| | | |
| • | | |
| | | |
| | 2. | How do you plan to use the knowledge you gain by attending the AANN Annual Meeting in your daily |
| | | practice? Be as specific as possible. Answers should be in bullet point format. List at least 3 but no more |
| | | than 5 plans. |
| | | |
| • | | |
| | | |
| • | | |
| | | |
| • | | |
| | | |
| | | |
| • | | |
| | | |
| • | | |
| | | |
| | | |

AMWF TRAVEL GRANT – CANDIDATE RECOMMENDATION FORM #1

Typing of this document is required. Completed materials must be sent to grants@amwf.org.

| Name of Candidate: |
|--|
| Name of individual completing this form: |
| I worked with this candidate when I was a: |
| Board Member Committee Member Supervisor Co-worker Colleague Other: |
| I worked with the Candidate during the following time period:; |
| and while with (name of organization). |
| Please give specific examples of this candidate's contributions to neuroscience nursing based on the following criteria: Leadership |
| Professional Service |
| Mentoring/Education |
| Staff/Patient Advocacy |