



Agnes Marshall Walker Foundation (AMWF) WFNN Travel Grant Application

These guidelines, prepared by the Agnes Marshall Walker Foundation (AMWF), are offered to elaborate on the required documentation for the AMWF World Federation of Neuroscience Nurses (WFNN) 12th Quadrennial Congress 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 World Federation of Neuroscience Nurses (WFNN) 12th Quadrennial Congress* in Opatija, Croatia.

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 who are individual AANN members in good standing.
2. Current (or newly elected) AANN, ABNN, AMWF, NNF, and WFNN Board members are excluded from applying for this grant.
3. The applicant is not eligible if they have received a grant for travel, certification, or recertification in the last 5 years.
4. One letter of recommendation using the template below 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.

Application Guidelines

1. One complete, **typed copy** of the grant application. **Hand-written applications are not accepted and will be automatically denied.**
2. **Letter of recommendation:** Submit one (1) recommendation from a colleague in support of the applicant's pursuit of the WFNN Meeting. Letters should refer to the applicant's activities as related to neuroscience nursing or leadership and/or research.
3. **Personal Essays:**
 - a. Essay #1 should describe the applicant's primary job role and its relation to neuroscience nursing. Include any key work accomplishments within the past five (5) years. (250 word maximum)
 - b. Essay #2 should describe reasons for seeking to attend the WFNN Meeting. Applicant should also describe perceived benefits for career advancement. (500 word maximum)
4. Copy of nursing license or RN Certificate (international members)

Deadline:

1. Completed applications must be **received** at the AMWF Headquarters by email no later than **Wednesday, May 3, 2017. AMWF only accepts submissions via email.**
 - a. Email to grants@AMWF.org (subject line: 2017 WFNN 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 early-June of 2017.

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 2017 WFNN Meeting in Opatija, Croatia.
2. Submit a summary quote or statement to AMWF about the benefits of receiving the grant within ninety (90) days of attending the 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 and WFNN Meeting, on Facebook, through other social media, and otherwise.

2017 AMWF WFNN Travel Grant Application

*Typing of this document is required. *indicates required field*

*Name & Credentials: _____

AANN Membership number (optional): _____

*Home 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.

***As a recipient of this grant, I agree to:**

1. Utilize grant funds towards attendance to the 2017 WFNN Meeting in Opatija, Croatia.
2. Submit a summary quote or statement to AMWF about the benefits of receiving the grant within ninety (90) days of attending the 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 and WFNN Meeting, on Facebook, through other social media, and otherwise.

Authorized Signature (electronic)

Date

***Are you a current member of AANN?**

- Yes
- No

***Have you attended AANN Annual Meetings in the past?**

- Yes
- No

***Have you attended WFNN Quadrennial Meetings in the past?**

- Yes
- No

***Are you presenting at this year's WFNN Quadrennial Meeting?**

- Yes
- No
- Unknown (submitted abstract)

***Are you a current Board member of a National or International Leadership Board of Directors?**

- Yes _____
- No

***Do you have any means for financial support outside of personal income to attend this year's WFNN Meeting?**

- Yes No

If yes, explain and provide estimated US dollar amounts. Example: institution pays \$475 for registration fee.

***How did you hear about this grant?** _____

2017 AMWF WFNN Travel Grant Application Essay

Typing of this document is required.

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 WFNN Quadrennial Congress. Be as specific as possible. List at least 3 but no more than 5 objectives.**

- 2. How do you plan to use the knowledge you gain by attending the WFNN Quadrennial Congress in your daily practice? Be as specific as possible. List at least 3 but no more than 5 plans.**

AMWF WFNN TRAVEL GRANT – CANDIDATE RECOMMENDATION FORM

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

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