



Agnes Marshall Walker Foundation (AMWF) 2023 Neuroscience Advanced Practice Provider Educational Conference (Neuro-APP) Educational Meeting Grant Application

These guidelines, prepared by the Agnes Marshall Walker Foundation (AMWF), are offered to elaborate on the required documentation for the Neuroscience Advanced Practice Provider Educational Conference (Neuro-APP) 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 *Neuroscience Advanced Practice Provider Educational Conference (Neuro-APP)* in January 2023. While we hope to see you in Long Beach, the grant will automatically be applied to the cost of virtual registration in the event that we are unable to meet in-person.

Amount of Grant:

Up to \$575.00 which can be used for registration, special sessions, and/or travel & hotel expenses to the 2023 Neuro-APP Meeting; the total number of awards and amount of each award will be determined by the AMWF Board of Directors.

Eligibility:

1. Open to all neuroscience nursing professionals.
2. Current (or newly elected) AANN, ABNN, AMWF, and WFNN Board members are excluded from applying for this grant.
3. The applicant is not eligible if they 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.** Applications with improper grammar and punctuation will not be accepted.
2. **Letter of recommendation:** Submit one (1) recommendation from a colleague in support of the applicant's pursuit of the Neuro-APP 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 APP 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 **Thursday, October 6, 2022 by 11:59pm. AMWF only accepts submissions via email.**
 - a. Email to grants@AMWF.org (subject line: 2023 Nuero-APP Grant Application)
2. Incomplete applications will not be considered.

Review Process:

1. All applications will be blinded and removed of any identifying information.
2. Completed, blinded applications will be reviewed by the Agnes Marshall Walker Foundation (AMWF) Grants Committee and scored based on the applicant's compliance with eligibility criteria as well as professionalism, quality, and comprehensiveness of response.
3. 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 by mid-December 2022.

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 the registration fee for the 2023 Neuro-APP Meeting.
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 APP Meeting, on Facebook, through other social media, and otherwise.

2023 AMWF Neuro-APP Meeting 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 the registration fee for the 2023 APP Meeting.
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 APP Meeting, on Facebook, through other social media, and otherwise.

Authorized Signature (electronic)

Date

Please submit this application form in addition to the following required documentation, as described above and in the APP Meeting Grant Application Guidelines:

(Please check boxes as indicated)

- One (1) letter of recommendation, typed, using recommendation form template below.
- Essay #1 describing the applicant's primary job role and its relation to neuroscience nursing using template below.
- Essay #2 describing reasons for seeking to attend the APP Meeting using template below.

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

- Yes
 No

***Have you attended an AANN Annual Meeting in the past?**

- Yes
 No

***Have you attended an AANN Advances in Stroke Care Conference in the past?**

- Yes
 No

***Have you attended an INNRS Meeting in the past?**

- Yes
No

Are you presenting at the 2023 APP Meeting?

- Yes
 No
 Unknown (submitted abstract)

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

- Yes _____
 No

***Have you received a grant from AMWF, WFNN, or any other group for travel, certification, or recertification in the last 5 years?**

- Yes
 No

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

- Website
 Email
 E-Newsletter
 Facebook
 Instagram
 Twitter
 Co-worker/Supervisor
 Other Organization: _____

2023 AMWF Neuro-APP Meeting Grant Application Essays

Typing of this document is required.

The following questions are used by the AMWF review committee to evaluate your 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. In paragraph form, please tell us the objectives you wish to accomplish by attending the Neuro-APP Meeting.

Be as specific as possible. *Applications with improper grammar and punctuation will not be accepted.*

Describe at least 3 but no more than 5 objectives. (500 word maximum)

2. In paragraph form, how do you plan to use the knowledge you gain by attending the Neuro-APP Meeting in your daily practice?

Be as specific as possible. *Applications with improper grammar and punctuation will not be accepted.*

Describe at least 3 but no more than 5 plans. (500 word maximum)

AMWF Neuro-APP MEETING 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