



## Agnes Marshall Walker Foundation (AMWF) Advances in Stroke Care Conference Grant Application

These guidelines, prepared by the Agnes Marshall Walker Foundation (AMWF), are offered to elaborate on the required documentation for the AMWF AANN's Advances in Stroke Care Conference 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 advance their career by receiving funding for:***

- AANN's Virtual Advances in Stroke Care Conference Registration Fee
- AANN Comprehensive Review for Stroke Nursing Book Fee
- ABNN SCR N Certification Exam Fee (*the exam must be taken within 6 months of the Advances in Stroke Care Conference*)

### Amount of Grant:

The grant amounts are based on the options listed below. The total number of grants will be determined by the AMWF Board of Directors. All grant recipients must complete conference registration by Thursday, July 26, 2021.

- Full Conference Registration - \$375.00
- Full Conference and [SCR N Exam](#) Registration - \$640.00
- Full Conference Registration and a copy of [AANN's Comprehensive Review for Stroke Nursing](#) - \$462.00
- Full Conference Registration, SCR N Exam Registration, and a copy of the AANN Comprehensive Review for Stroke Nursing - \$747.00

### Eligibility:

1. Open to all neuroscience/stroke nurses who meet the SCR N examination criteria.
2. The applicant must be working in the neuroscience or stroke nursing field and meet the eligibility requirements for the SCR N exam.
3. If applying for the SCR N Exam registration, the applicant should not hold the SCR N certification at the time of grant application submission.
4. The following are **not eligible**: current National or International Leadership Board of Directors (AANN, ABNN, AMWF, NNF, and WFNN) members.
5. Must not have received a travel grant, certification, recertification, or research grant from AMWF within the past 5 years.

### Documentation

1. One complete, **typed copy** of the grant application. **Hand-written applications are not accepted and will automatically be denied.** Applications with improper grammar and punctuation will not be accepted.
2. **Letter of Recommendation:** Submit one (1) typed letter of recommendation from a colleague or supervisor in support of the applicant's pursuit of this grant and certification *using the template below*. Letters should refer to the applicant's activities as related to neuroscience/stroke 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 or stroke nursing. Include any key work accomplishments within the past five (5) years. (250 word maximum)
- b. Essay #2 should describe reasons for seeking funds to attend this event and to seek certification (if applicable). Applicant should also describe perceived benefits for career advancement. (500 word maximum)

### **Deadline**

1. Completed applications must be **received** at the AMWF Headquarters by email no later than **Thursday, July 8, 2021**. AMWF only accepts submissions via email. Email to [grants@AMWF.org](mailto:grants@AMWF.org) (subject line: 2021 AANN Advances in Stroke Care Conference Application)
2. **Incomplete applications will not be considered.**
3. Recipients of the grant must complete their conference registration by July 26<sup>th</sup>.

### **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) Board 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 submission date, please contact AMWF at [info@amwf.org](mailto:info@amwf.org).

### **Notification**

All applicants will be informed of the AMWF Board decision by early-July 2021.

### **Questions**

If you have any questions about this grant or the application process, please contact AMWF staff at [grants@AMWF.org](mailto:grants@AMWF.org).

### **Recipients of this grant agree to:**

1. Utilize grant funds towards registration to the 2021 AANN Advances in Stroke Care Conference.
2. Utilize grant funds towards purchasing the AANN Comprehensive Review for Stroke Nursing book (if applicable).
3. Utilize grant funds to apply and sit for the ABNN SCRIN Certification Examination within 6 months of the Advances in Stroke Care Conference (if applicable).
4. Submit a summary quote or statement to AMWF about the benefits of receiving the grant within ninety (90) days of Stroke Conference. Send the statement to [grants@AMWF.org](mailto:grants@AMWF.org).
5. 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, and other social media, and/or through other marketing initiatives deemed appropriate by the AMWF.

## 2021 AMWF Advances in Stroke Care Conference Grant Application

\*indicates required field

\*Name & Credentials: \_\_\_\_\_

AANN Membership number (optional): \_\_\_\_\_

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

\_\_\_\_\_

\*Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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 registration to the 2021 AANN Virtual Advances in Stroke Care Conference.
2. Utilize grant funds towards purchasing the AANN Comprehensive Review for Stroke Nursing book (if applicable).
3. Utilize grant funds to apply and sit for the ABNN SCRNC Certification Examination within 6 months of the Advances in Stroke Care Conference (if applicable).
4. Submit a summary quote or statement to AMWF about the benefits of receiving the grant within ninety (90) days of Stroke Conference. Send the statement to [grants@AMWF.org](mailto:grants@AMWF.org).
5. 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, and other social media, and/or through other marketing initiatives deemed appropriate by the AMWF.

\_\_\_\_\_  
Authorized Signature (electronic)

\_\_\_\_\_  
Date

**\*Please select which grant option you are applying for (select only 1 option):**

- ☐ Full Conference Registration - \$375.00
- ☐ Full Conference and [SCRN Exam](#) Registration - \$670.00
- ☐ Full Conference and a copy of [AANN's Comprehensive Review for Stroke Nursing](#) - \$455.00
- ☐ Full Conference, SCRN Exam Registration, and a Copy of the AANN Comprehensive Review for Stroke Nursing - \$750.00

**\*Have you received an award for certification, recertification, travel, or research grant in the last 5 years?**

- ☐ Yes
- ☐ No

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

- ☐ Yes \_\_\_\_\_
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

**\*Are you a current AANN Member?**

- ☐ Yes
- ☐ No

**\*Are you presenting at this year's AANN Advances in Stroke Care Conference?**

- ☐ Yes
- ☐ No
- ☐ Unknown (submitted abstract)

**\*Do you have any means for financial support outside of personal income to attend this year's AANN Advances in Stroke Care Conference?** ☐ Yes ☐ No

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

## 2021 AMWF Advances in Stroke Care Grant Application continued

The following questions are used by the AMWF review committee to evaluate your Advances in Stroke Care Conference 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. *All responses must be blinded and use proper grammar and punctuation.*

**“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 receiving this grant. Be as specific as possible. Describe at least 3 but no more than 5 objectives.**
- 2. In paragraph form, explain how you plan to use the knowledge you gain by attending the AANN Advances in Stroke Care Conference in your daily practice? Be as specific as possible. Describe at least 3 but no more than 5 plans.**

# AMWF Advances in Stroke Care Grant - Essay #1

*Typing of this document is **required**. Completed materials must be sent to [grants@amwf.org](mailto:grants@amwf.org).*

Credentials: \_\_\_\_\_

Employer/Title: \_\_\_\_\_

Please describe your primary job role and its relation to neuroscience or stroke nursing. Include any key work accomplishments within the past five (5) years. *Applications with improper grammar and punctuation will not be accepted.* (250 word maximum)

## AMWF Advances in Stroke Care Grant - Essay #2

*Typing of this document is **required**. Completed materials must be sent to [grants@amwf.org](mailto:grants@amwf.org).*

Credentials: \_\_\_\_\_

Employer/Title: \_\_\_\_\_

Please describe reasons for seeking certification. Also describe perceived benefits for career advancement.  
*Applications with improper grammar and punctuation will not be accepted. (500 word maximum)*

# AMWF ADVANCES IN STROKE CARE GRANT – LETTER OF RECOMMENDATION FORM

*Typing of this document is **required**. All submissions must be **blinded**. Completed materials must be sent to [grants@amwf.org](mailto: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 or stroke nursing based on the following criteria:

Leadership

Professional Service

Mentoring/Education

Staff/Patient Advocacy