These guidelines, prepared by the Agnes Marshall Walker Foundation (AMWF), are offered to elaborate on the required documentation for the AMWF 6th Annual International Neuroscience Nursing Research Symposium (INNRS) 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 Virtual 6th Annual International Neuroscience Nursing Research Symposium (INNRS) in August 2022.

**Amount of Travel Grant:**
Up to $150.00 which can be used for registration; the total number of awards 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 INNRS 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 INNRS 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 25, 2022 by 11:59pm. AMWF only accepts submissions via email.**
   a. Email to grants@AMWF.org (subject line: 2022 INNRS Travel 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) 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 send date, please contact AMWF at info@amwf.org.

Notification:
All applicants will be informed of the AMWF Board decision by end of July 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 attendance to the 2022 Virtual INNRS 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 INNRS Meeting, on Facebook, through other social media, and otherwise.
2022 AMWF INNRS 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 2022 Virtual INNRS 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 INNRS 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 INNRS Travel 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 INNRS 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

* Do you plan on attending the AANN Virtual Advances in Stroke Care Conference on August 18-20, 2022?
  □ Yes
  □ No

* Have you attended an INNRS Meeting in the past?
  □ Yes
  □ No

* Are you presenting at this year’s INNRS 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 INNRS 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? __________________________________________________________
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 INNRS Meeting. Be as specific as possible. Applications with improper grammar and punctuation will not be accepted. (250 word maximum)

2. How do you plan to use the knowledge you gain by attending the INNRS Meeting in your daily practice? Be as specific as possible. Applications with improper grammar and punctuation will not be accepted. (500 word maximum)
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