

Conference Scholarship Application

Name: 

Address: 

Agency:  HPR Region: 

Email:  Phone Number: 

Nursing Degree: 

Specialty:

[ ] Adult [ ] Inpatient Services

[ ] Child & Family [ ] MH Outpatient Services

[ ] Med Clinic [ ] PACT

[ ] Crisis Stab Unit [ ] Partial Day Treatment Program

[ ] Detox [ ] Psychosocial Program

[ ] Group Home/Residential Facility [ ] Substance Use Services

[ ] ID/DD Services [ ]  Management

Brief Personal Statement of interest: 

Criteria for scholarship: New attendee to a VACPN Conference. Must be a licensed nurse engaged in community nursing or student nurse. Must supply a letter of financial need of support from your respective employer or school of nursing. Deadline for submission is six weeks prior to conference date. You will be notified of approval or denial within one week of the submission deadline date. Email application and letter to your HPR Regional Representative.

For office Use:

Date Received: [ ] Approved [ ] Denied:

Amount Approved:  Date Applicant Notified: 

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Regional Representative Signature

Email completed form to Treasurer and Social Media Specialist for Registration.