

HEARTLAND ADVANCED PRACTICE NURSES NETWORK GRANT APPLICATION

Purpose: To provide financial assistance to active HAPNN professional (licensed advanced practice nurses) members participating in continuing education programs geared toward advanced practice nursing.

Grant Funding: Each year the Executive committee of HAPNN will designate a specific amount of funding available for educational grants. This amount will be re-evaluated yearly and subject to member approval. Currently two grants are available in the spring and two grants in the fall.

Grant Requirements:

1. The grant applicant must be a current member of HAPNN who has an advanced practice license.
2. Student members of HAPNN are **not** eligible for grants but are encouraged to apply for the HAPNN academic scholarship.
3. The grant applicant must meet the following minimum requirements:
 - A. Attend at least 50% (6) of the regular monthly HAPNN Business Meetings during the previous 12 month period.
 - B. Actively participate in at least one official HAPNN activity currently or within the past year.....

Examples include: serve as an officer; be an active committee member; actively assist in the planning and organizing of an educational program.
4. A grant application (available on HAPNN website or at monthly meetings from secretary) must be completed with program information attached or an explanation of same.
5. Application should be submitted to the grant committee, currently Chris Byrd (cfisherbyrd@gmail.com) and Judy Heitman (jheitman53@gmail.com).
6. Only one grant per individual every 2 years is allowed.
7. The continuing educational program should be appropriate for advanced practice nurses.
8. The HAPNN executive committee, comprised of current officers, will make all final decisions regarding the awarding of these grants.
9. Funds may be used for any expenses related to the educational program, (tuition, registration, travel, lodging, etc.)

Date: _____

Name & professional designation: _____

Email Address: _____

Phone: _____

Name of Proposed Seminar &

Location: _____

(please attach seminar brochure if available; if not, submit synopsis of seminar)

Date of Seminar: _____

Number of HAPNN meetings attended in the past year (6 of 11 business meetings required). _____

Summary of HAPNN activities for past calendar year; please be specific:

Funds may be used for any expenses related to the educational program, (tuition, registration, travel, lodging, etc.). I agree to make a brief update on the program at a future business meeting.

Signature of applicant

Application should be submitted to the grant committee, currently Chris Byrd
(cfisherbyrd@gmail.com) and Judy Heitman (jheitman53@gmail.com).

This can be done by email or in person.