**Heartland Advanced Practice Nurses Network (HAPNN) Grant Application**

**Purpose:** To provide financial assistance to active HAPNN members participation 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 is subject to member approval. Currently two grants are available in the Spring, and two grants in the Fall.

**Requirements for the grant applicant**

* Current member of HAPNN with an advanced practice registered nurse license.
* Student members of HAPNN are **not** eligible for grants but are encouraged to apply for a HAPNN academic scholarship
* The grant applicant must meet the following minimum requirements:
* Attend at least 50% (six) of the regular monthly HAPNN meetings during the previous 12-month period
* Participate in at least one official HAPNN activity within the past year
* Examples include:
* service as an officer or an active committee member
* actively assist in the planning and organization of an educational program
* Only one grant per member every two years is allowed
* The continuing education program should be appropriate for advance practice registered nurses
* The HAPNN executive committee, comprised of current officers, will make all final decisions regarding the awarding of grants
* Funds may be used for any expenses related to the educational program (tuition, registration, travel, lodging, etc)

1. Provide your contact information including name with professional designation, email, phone number, and mailing address
2. ***Please attach a seminar brochure***
3. Name of Seminar & Location
4. Date of Seminar
5. Number of HAPNN meetings attended in the past year (six of previous business meetings within the past year required)
6. Summary of HAPNN activities for past calendar year, please be specific:
7. You agree to provide a brief update on the program attended, at a future business meeting

Please sign below stating that you indicate the facts you stated in the above application are true and complete. False statements, answers, or omissions shall be sufficient cause for non-consideration for the application.

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email your completed application to ginalkoch@gmail.com, Scholarship/Grant Committee Member, HAPNN, or submit in person