**2024 APP Education Scholarship Fund Application**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UC Davis Job Title: \_\_\_\_\_CRNA \_\_\_\_\_\_CNS\_\_\_\_\_\_NP\_\_\_\_\_\_\_PA

Is your position 0.5 FTE or greater? \_\_\_\_\_\_Yes \_\_\_\_\_\_No ; Current FTE \_\_\_\_\_\_\_

Department you are currently working in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical setting: \_\_\_\_\_\_\_Inpatient \_\_\_\_\_\_\_Outpatient \_\_\_\_\_\_\_\_Both

Number of years at UCD Health: \_\_\_\_\_\_\_\_\_\_\_\_ (must have completed first 6months probationary period)

Number of years practicing as an APP at UC Davis Health: \_\_\_\_\_\_\_\_\_

Did you receive a Meets/Exceeds Expectations on your last performance evaluation? \_\_\_\_\_Yes \_\_\_\_\_\_No

Have you received a UC Davis APP Education Scholarship in the past 3 years? \_\_\_\_\_\_Yes \_\_\_\_\_\_No. If yes, what year did you receive the scholarship? \_\_\_\_\_\_\_\_

Amount of scholarship requested: $\_\_\_\_\_\_\_\_\_\_\_

Have you received any reimbursement for the educational activity you are requesting funds for? ­­­­­­­\_\_\_Yes \_\_\_\_No. Please explain and describe amount if so.

1. Please state how you plan to use the scholarship fund (E.g., conference attendance, podium/poster presentation, specialty certification course and/or testing, advanced training course and/or testing, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How does the activity you wish to use the scholarship funding for (listed in question 1 above) relate to your current advanced practice role at UC Davis Health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please describe your academic/professional goals for the next 5 years (in 200 – 500 words): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Describe how you have demonstrated leadership skills in your professional career (in 200 – 500 words): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Discuss a special attribute or accomplishment that you have had in your professional career. Examples may include team work, cultural sensitivity, leadership, and/or service orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Award and Frequency:**

The purpose of the APP Education Scholarship is to help provide financial support towards APP professional development. The scholarships are awarded for one (1) year. The method, amount and schedule for processing applications will be determined by the APP Council.

Eligibility:

* Must be a current UC Davis employee
* Must have a current APP license
* Must be working in an advance practice role at our institution
* Applicants from all advance practice specialties are welcome to apply

Application Requirements:

* Incomplete applications will not be considered.
* **Application cycles:**
  + **First cycle-** Accept applications in January, February, March; Due the last day of March. Decision by end of April for distribution of funds by June.
  + **Second cycle -**Accept applications in May, June and July; Due the last day of July. Decision made by end of August and distribution of funds by November.
* To receive the scholarship fund, you must provide a receipt as proof of payment for your educational activity (e.g. proof of registration for conference attendance, receipt of certification course COMPLETED during the 12 month period prior to application deadline for the cycle). Failure to submit proof of payment by this deadline will result in forfeiture of your funds.
* If awarded an APP Education Scholarship, the recipient will submit power point slides on how the funds were used and to also give a brief presentation to the APP Council at our meeting in November or December.
* All funds must be returned to the APP Council if you are unable to attend the educational event or take the professional development course/testing.

PLEASE COMPLETE and SEND APPLICATION to : HS-APPSCHOLARSHIPCOMM@groups.ucdavis.edu