**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 UCD Health: \_\_\_\_\_\_\_\_\_

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

Have you received a UCD 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 for at least a year
* Must be at least 0.5 FTE
* 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
* Must be a represented employee

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.
* You may apply for funds for a future educational activity in the **future 12 month period from due date of application**. To receive the scholarship funds, you must provide a receipt as proof of payment within **3 months** of activity completion date for your educational activity (e.g. proof of registration for conference attendance, receipt of certification course)
* Failure to submit proof of payment **within the 3 month period** 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.

PLEASE COMPLETE and SEND APPLICATION to : [HS-APPSCHOLARSHIPCOMM@health.ucdavis.edu](mailto:HS-APPSCHOLARSHIPCOMM@health.ucdavis.edu)

Edited July 2025