

## MENTAL HEALTH SCHOLARSHIP AWARD

The applicant must be a member of Ohio NAPNAP. Consideration will be given to those PNP/FNPs who have taken an active role in the care of children and adolescents with emotional or behavioral health problems. The applicant must be a current, active member of Ohio and National NAPNAP for a minimum of two years, and currently practicing as a PNP/FNP.

The PNP/FNP applying for this scholarship must be willing to write an article for the Ohio NAPNAP Newsletter. If granted the scholarship the applicant will be given up to \$1000 towards the program fees. If the applicant presents at one of Ohio NAPNAP's Statewide Programs the applicant will receive an additional \$100.

The applicant must provide registration and course description about the program and write a narrative explaining how the education acquired will be used to make a difference for children and adolescents with emotional and behavioral health problems within your current clinical setting.

The application should be submitted to the Awards Committee for consideration. The scholarship will be granted with the approval of the Ohio NAPNAP Board.

| Date of submission:                               |             |              |
|---|-------------|--------------|
| Applicant name:                                   |             |              |
| Address:  |             |              |
| City:   | State:      | Zip:         |
| Preferred Telephone:                              | Home Wo     | ork 🗌 Cell 🔲 |
| Email:  |             |              |
| Employer:   |             |              |
| Annual CEU/ Educational reimbursement amount from | n employer: |              |

Program/Course Title (Attach any program/course description pamphlet, including anticipated cost/expenses):

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| How the education acquired will be used to make a difference for children and adolescents with emotional and behavioral health problems within your current clinical setting? |
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| Name on book has been as 20th as above as   |
| Must submit by November 30 <sup>th</sup> each year to:  Info@ohionapnap.org   |
| Attn: Awards Chair  |
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