



NURSE PRACTITIONER HEALTHCARE FOUNDATION

sanofi pasteur "Health Through Immunizations" Awards 2007/2008 Application

The NPHF/sanofi pasteur "Health Through Immunizations" Awards Program supports graduate nurse practitioner students and/or practicing nurse practitioners whose research or educational project is in the area of immunizations. Three grants of \$3,500 each will be awarded. The award supports both project initiation and dissemination of the project. An initial award of \$2,500 will support project development. Upon completion of the project an additional \$1,000 will be awarded to each recipient to support project dissemination. Once funded, recipients will have 18 months to complete their projects. Awards will be made on the basis of information provided on this official application form. The final selection will be determined by the Award Selection Committee of the NPHF.

Eligibility

Before submitting an award application, please complete the following eligibility checklist. You must answer YES to criterion #1, and NO to criteria 2-4 in order to qualify for the Nurse Practitioner Healthcare Foundation/sanofi pasteur "Health Through Immunizations" Program. Circle your answers:

- | | | |
|---|-----|----|
| 1. Are you a U.S. citizen or permanent U.S. resident? | YES | NO |
| 2. Are you a member of the NPHF Board of Trustees, or a relative of a member of the NPHF Board? | YES | NO |
| 3. Are you an employee or relative of an employee of sanofi pasteur? | YES | NO |
| 4. Have you ever received an NPHF scholarship or award in the past? | YES | NO |

Instructions- Please read carefully

- Please download this document to your desktop. **TYPE** your answers directly into the spaces provided on the page then print the completed form. Sign where indicated and obtain all other necessary signatures. Handwritten or incomplete applications will not be accepted. **ONCE SUBMITTED, APPLICATIONS MAY NOT BE REVISED.**
- DO NOT include additional sheets except where specific documents are requested or answers to specific questions require additional pages. Stay within the required word count for each question.
- Collate and staple application materials (original plus 4 copies).
- Your application must include FIVE copies (original plus 4 copies):
 - The SIGNED application
 - A copy of your current unencumbered RN license
 - If you are a licensed NP: copy of your state NP license
 - If you are an NP graduate student:
 - Copy of the NP program curriculum (program of study)
 - Your most recent official transcript showing cumulative GPA of 3.0 or above
 - Signed Program Director Enrollment Confirmation (see Part D below)
- Application deadline is December 20, 2007.** ALL application materials must be received by December 20, 2007.

Please mail the completed forms and required documentation to:

Nurse Practitioner Healthcare Foundation
ATTN: SCHOLARSHIP SELECTION COMMITTEE
2647 – 134th Avenue NE
Bellevue, WA 98005-1813

Do not transmit the application by E-Mail.



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A. Applicant Identifying Information

Name: _____
First MI Last

Social Security Number: _____

Mailing Address for All Correspondence:

City State Zip Code

Daytime Phone:() _____

Evening Phone:() _____

Cell Phone:() _____

E-mail: _____

NP Status:

_____ I am a NP student (complete Sections B, C, D, F, G, and H)

_____ I am a licensed NP (skip Sections B, C, and D; Complete sections E, F, H)



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B. Program Information

Name of Educational Program: _____

School/College of Nursing: _____

Address of Program:

City

State

Zip

Name of Program Director: _____

Year of Entry into Program: _____

Full Time _____ Part time (number of credit hours) _____

Expected Date of Completion: _____

NP Program Specialty

___ Acute Care NP

___ Pediatric NP

___ Adult NP

___ Psych/Mental Health NP

___ Family NP

___ Women's Health NP

___ Geriatric NP

___ Other. Specify: _____

___ Neonatal NP

Program Leads to Advanced Degree of (check one):

___ Master of Science in Nursing (MSN or MS)

___ Master of Nursing (MN)

___ Master of Arts (MA)

___ Doctor of Nursing Practice (DNP)

___ Doctor of Nursing (DN)

___ Other: _____

C. Program of Study/Transcript

1. Submit one (1) copy of your NP program of study, showing all required graduate courses.
2. Submit one (1) copy of an official transcript. If an official transcript is not available, a printed grade report signed by your program director is acceptable.



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D. Program Director Confirmation (This may be completed by the Director’s designee)

Applicant’s Name: _____

Name of Program: _____

Date of Student’s Entry into Program: _____

Expected Date of Program Completion: _____

NP Student’s Cumulative GPA: _____

Program Director/Designee’s Statement:

I certify that the applicant is presently enrolled in the program of study as stated in this application, is in good academic standing, and has a cumulative GPA as an NP student as listed above. (This cumulative GPA should match the official transcript submitted)

Signature of Program Director or Designee

Typed Name of Program Director or Designee

Title of Person Signing Reference

Date

E. For Licensed NP

1. Submit a copy of your state NP license

F. Project

_____ My project will be in EDUCATION

OR

_____ My project will be a RESEARCH project



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Project Description (Limit to 350 words)

Please describe your project in detail. Include a discussion of each of the following components:

- a. Description of project
- b. Purpose/goals/methods
- c. Timeline for completion
- d. Target audience
- e. Plan for dissemination (check one)
 - ☐ Poster presentation
 - ☐ Podium presentation
 - ☐ Article for publication
- f. Describe dissemination plan
- g. Anticipated outcome benefits of educational or research project



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G. Faculty Statement

Student: _____

Name of Faculty Advisor: _____

Title of Project: _____

Project is: _____ Education _____ Research

My signature below indicates my agreement to work with this student to produce the above project. Upon receipt of funding, the student will complete the project within 18 months. After completion, the project will be disseminated, as described in the project proposal.

Advisor Signature: _____

Name: (Printed): _____

School/College of Nursing: _____

Office Phone: _____

Cell Phone: _____

E-Mail: _____



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H. Applicant Statement:

I understand that if the application is not complete, it will be ineligible for judging. I attest that the contents of this application are true and accurate. I understand that a corporate sponsor may request a copy of this completed application form. I agree that if I receive an award, my photograph and any correspondence may be published in a professional journal, or displayed on the NP Healthcare Foundation website. I agree to complete the project within 18 months of receipt of the award. Further, I agree to acknowledge the Nurse Practitioner Healthcare Foundation/sanofi pasteur *"Health Through Immunizations"* Awards Program in any clinical, educational, or research publications, posters, or presentations stemming from work done through this funding. I understand that the award review committee's decision is final.

_____/_____/_____
Signature of Applicant Date