TO: Nurse Practitioner Students

FROM: Scholarship Committee

CANP-Sacramento Region 8 Chapter

CANP-Sacramento Chapter is offering a scholarship for NP students currently enrolled in a Nurse Practitioner Program. The purpose of the scholarship is to encourage local students to participate in their state and local professional organization. For NP's the state organization is the California Association for Nurse Practitioners (CANP). Sacramento is the local chapter of CANP.

To facilitate this endeavor, we will pay the registration fees, lodging and travel expenses for the recipients to attend their California statewide NP meeting. The CANP conference will be held March 19 – 22 in Palm Springs, California. We will also pay one year's membership fees to CANP and the local chapter-Sacramento. \$1,000.00 maximum amount of award.

Qualifications for Scholarship: To be eligible for this scholarship, you must be a NP student, currently enrolled and in good standing in a Nurse Practitioner program, due to graduate in 2025 or beyond, and be a student at the time of the conference. Prospective applicants must also <u>live in the Sacramento chapter area</u>. Our Region 8 catchment area includes Yolo, Placer, Solano, Sacramento, El Dorado, Amador and Alpine counties.

Eligibility Criteria: Applicants will be evaluated on the following criteria: Academics, GPA, Leadership, volunteerism, professional goals and activities.

All of the following must be submitted for consideration:

By email:

- 1. CANP-Sacramento Chapter Scholarship Application Form
- 2. Letter of interest
- 3. Professional Goals Form
- 4. Proof of academic standing (Letter of good standing from school or copy of transcripts)

Submit required forms to:

CANP-Sacramento Chapter Scholarship Committee c/o jlhettig@gmail.com

Application Deadline: All the application materials must be submitted on or before **December 13, 2024.** Late entries will not be considered for review.

The scholarship will be awarded to the lucky recipient at the January 2025 CANP-Sacramento Chapter educational dinner meeting (TBA).

CANP Region 8 SCHOLARSHIP APPLICATION FORM

DATE:				
NAME:				
ADDRESS:Street and Apt. #	City	State	Zip	
PHONE: (Primary): Other):				
Email address:				
Present Employer: Position:				
Education: Associate _ Graduate	Baccalaureate Diploma	Other		
Current Nurse Practitioner Program				
University/College	Address			
Specialty: Current GPA: Academic Honors:				
Date Began Program: Antic	cipated Completion Date:	:		
Professional Status				
License, Type and # Ex	p Date:			
Certification		_Date:		
Professional Memberships				
_CANPOther:				

Professional Goals Form

The following questions must be answered and submitted with the application for your application to be processed.

We expect well thought-out answers. (1-2 pages)

1.	What is your history of professional involvement (Employment history, Professional organizations, Volunteerism, Leadership activities)
2.	What are your educational goals?
3.	What are your professional goals?
4.	Briefly relate a pivotal moment or episode that helped shape your decision to become a Nurse Practitioner.
5.	Why do you deserve this scholarship?
6.	We encourage students to submit a poster abstract for the upcoming conference. What topics would you consider for this abstract?