

NORTHEAST OHIO NURSE PRACTITIONERS 2017 JOAN GERMAN SCHOLARSHIP FUND

Joan German was an OB/GYN nurse practitioner who truly believed and practiced better health for women. She served as chair of the NEONPG Program Committee for many years. She was honored by the Massillon YWCA in 1992 for her outstanding leadership in women's health. She died of multiple myeloma in 1992 soon after this award. We are proud to name this scholarship after her.

The Northeast Ohio Nurse Practitioners wishes to offer a \$1,000 scholarship to an eligible student. To be considered, students must be accepted into or enrolled in a nurse practitioner program at the Master's or Doctoral level. To apply for the scholarship:

1. Complete application form (page 2 of this document).
2. Write a letter of intent, approximately 200 words, describing your commitment to the nurse practitioner profession and how the monies will be used.
3. Provide a resume that includes your education history, professional nursing activities in which you are engaged in the workplace and elsewhere. Include contributions to nursing, honors, awards and recognitions. List professional organizations.
4. Points will be accrued by applicants based on the following:
 - a. past or present officer of NEONP
 - b. committee chairperson
 - c. committee member
 - d. speaker at local, state or national functions
 - e. meeting attendance
 - f. member of other nurse practitioner or nursing organizations
 - g. publications,
 - h. certification as an advanced practice nurse
5. Provide verification of enrollment in/acceptance to a nurse practitioner program.
6. Send 2 letters of reference.

The deadline for applications is October 31, 2017, and all required materials must be submitted together in one email, postmarked by this date. **IMPORTANT:** Application materials are to be sent to this email only: fraug46@hotmail.com - Confirmation of receipt of your scholarship application will be accomplished by reply email.

Go to next page for Application Form...

**NORTHEAST OHIO NURSE PRACTITIONERS
JOAN GERMAN SCHOLARSHIP FUND
2017 APPLICATION FORM**

DATE _____

NAME _____

ADDRESS _____

PHONE (H) _____ (W) _____

OHIO BOARD OF NURSING ID # _____

Are you a member of NEONP? _____ Years of membership _____

Describe your history of participation in NEONP including committee work and meeting attendance:

Have you been granted other funds or scholarships? Yes _____ No _____

If yes, what funds _____

In what institution have you been accepted for study? _____

What degree will you be seeking? _____

In what field? _____

When do you plan to complete your degree? _____

IMPORTANT: Send all application materials in one email to: fraug46@hotmail.com

Your scholarship application must be emailed no later than October 31, 2017.