



Nurse Practitioner Healthcare Foundation

Improving Health Status and Quality of Care through Nurse Practitioner Innovations

2016 - 2017 NPHF/Procter & Gamble Gastroenterology Endowed Scholarship

Eligibility Form

Provides one \$1000 scholarship to an NP graduate student with clinical and/or research interests in the field of gastroenterology.

Eligibility: *Nurse Practitioner Graduate Student*

Application Deadline is November 14, 2016. The winner will be notified by January 11, 2017.

Eligibility:

Before submitting an application to the NPHF for a scholarship or an award, please complete the eligibility checklist. You must answer YES to criterion #1 and NO to #2-4 in order to qualify. Check box.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you a U.S. citizen or a permanent U.S. resident? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are you a member of the NPHF Board of Trustees,
or a relative of a member of the NPHF Board? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are you an employee or a relative of an employee of the grant funder? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you ever received an NPHF scholarship or award in the past? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Instructions:

1. Download the Application Checklist and all required forms.
2. Type your responses directly into the spaces provided.
3. Type your name in the lower right hand corner of each page in the space provided.
4. Print the completed forms.
5. Sign where indicated.
6. Obtain all other signatures necessary. Handwritten or incomplete applications will not be accepted. **ONCE SUBMITTED, APPLICATIONS MAY NOT BE REVISED.**
7. **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 specified.
8. Collate and paper or binder clip application materials (original plus 2 copies).
9. Your application must include **THREE** copies (original plus 2 copies).
10. Attach the completed and signed Application Checklist to the front of the original application.
11. Faxed or emailed copies will not be accepted.
12. Applications not postmarked by November 14, 2016 will not be reviewed.

If you have any questions, please contact Pam Jenkins-Wallace at pamjw@nphealthcarefoundation.org or 925-461-1102 (Pacific Time)

Please mail the completed forms and required documents to:

Pam Jenkins-Wallace, MS, NP
NPHF Scholarship Selection Committee
7592 Highland Oaks Drive
Pleasanton, CA 94588

Name: _____