



OVATION Neonatal Nursing Career Path Scholarship

Purpose

The purpose of the OVATION Neonatal Nursing Career Path Scholarship is to support and encourage training and education for a neonatal nurse who is studying to become a neonatal nurse practitioner. As an essential part of the healthcare system, the NNP takes a leadership role in the provision of quality care for neonates, infants and their families. The step to neonatal nurse practitioner is an important one for neonatal nurses seeking to move into a leadership role, thereby advancing their careers. By supporting nurses seeking advanced nursing degrees, OVATION Pharmaceuticals also supports the missions of the National Association of Neonatal Nurses (NANN), and the National Association of Neonatal Nurse Practitioners (NANNP), a division of NANN.

Mission

The mission of the National Association of Neonatal Nurses (NANN) is to be THE professional voice that shapes neonatal nursing through excellence in practice, education, research and professional development. The mission of the National Association of Neonatal Nurse Practitioners (NANNP), a division of NANN, is to be the unified voice for neonatal nurse practitioners. NANNP promotes quality, cost-effective healthcare by advocating for clinical and professional practice, collaboration, health policy, NNP education, and research.

Process

Recipients of the OVATION Neonatal Nursing Career Path Scholarship will be selected by a committee consisting exclusively of NANN members in a blinded review process to ensure impartiality. Only current NANN members who have been accepted into an accredited neonatal nurse practitioner program may apply. The winners of the scholarship will be announced at the NANN Annual Educational Conference. Payments will be sent directly to the school's financial office.

Statement of Nondiscrimination Policy

NANN does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.

Eligibility Criteria

1. Seeking neonatal nurse practitioner training
2. Proof of current, unrestricted RN license
3. Member of NANN
4. 18 months NICU experience as of the application date, as evidenced by a letter from the employer.
5. Proof of acceptance or current enrollment in an accredited NNP program as evidenced by a letter from the program coordinator.

See page 4 for a checklist of mandatory application components. Applications must be received at the NANN National Office by March 15th (if March 15 falls on a weekend or holiday applications will be accepted the next business day). The NANN Scholarship Committee will review completed, legible applications. A written response can be expected within 8 weeks of the deadline for submission.

NOTE: To ensure receipt of documents by the NANN National Office, send your application via a traceable method, such as mail return receipt requested, UPS or Federal Express. It is advisable that you keep a copy of your completed application packet.

OVATION Neonatal Nursing Career Path Scholarship Application

See Item "H" Check list of mandatory components, for a list of all items to be included with your application. All information will be kept confidential. Leave No Blanks.

Please remember that incomplete or illegible applications will not be reviewed.
Return your application to: NANN Scholarship, 4700 W. Lake Ave, Glenview, IL 60025-1485

A. Applicant Information

Name: _____ Credentials _____

Address: _____

City/State/Zip: _____

Phone: Home _____ Work: _____

Email: Home _____ Work: _____

AGREEMENTS

I hereby certify that statements contained in this application are a true and accurate representation of my activities and accomplishments.

Signature: _____ Date: _____

Consent for Name Release

NANN may use your name during the scholarship application process. Examples may include contacting the Dean of Admissions; sharing your application with scholarship committee members; and checking background information to determine your eligibility. Any contacts which include name verification will be done by a NANN staff member to protect the blinding process. Please sign this form giving your consent for these and other uses that NANN may determine necessary. All information will be kept confidential.

I, _____, hereby give permission for the release of my name and address to determine my scholarship eligibility during the review process. In the event that I am awarded a scholarship my name may appear in *Advances in Neonatal Care*, *NANN Central*, www.nann.org, and press releases.

Signature: _____ Date: _____

Scholarship Agreement

In the event I am unable to attend my planned educational program within one year of receipt of a scholarship, all monies heretofore accepted by me will be forfeited and returned to NANN, 4700 W. Lake Ave, Glenview IL 60025. I, _____, hereby agree to the policy established by the NANN Scholarship Committee.

Signature: _____ Date: _____

Your name should not appear on this page. Include this page in the packet that you submit 5 copies of (See item H, checklist of mandatory components).

B. Graduation Statistics

RN Program from which you graduated: _____

Date of Graduation: _____ Grade point average at graduation: _____

C. Nursing Practice Demographic Information

1. What is your current position? _____

2. Do you have 18 months of NICU experience within the last 5 years? Please provide a letter from your nurse manager documenting neonatal intensive care unit experience.

Yes No

3. What is your current practice setting? (check all that apply)

- Academic Home Care Outpatient/Clinic NICU
- Newborn Nursery Transport Travelling Nurse Other
- Mother/Baby Unit Independent Practice

If other, please explain: _____

4. After graduation will your primary care responsibilities be within the scope of neonatal nursing as a Neonatal Nurse Practitioner? Yes No

Please explain: _____

D. Personal Narratives – Attach an essay for each question

1. Outline scholarly projects, committees, process improvement projects, or other relevant activities that you have been involved with in your nursing experience. (limit 500 words)

2. Describe the reasons that you would like to be an NNP, and what you feel that you would bring to the role. (limit 500 words)

3. List continuing education related to neonatal nursing within the last 5 years.

4. Identify personal strengths that will contribute to your success. (limit 250 words)

E. University where award is to be sent

1. Please provide your Student Identification Number: _____

2. Please provide the full name and address, including building or office numbers for the university where your award should be sent, if you are chosen for this scholarship.

H. Check List of mandatory components

Five collated copies of blinded items* as follows:

(Do not include your name or other identifying information)

- Page 3 of the application (Items B & C)
- CV/Resume
- Personal Narratives (Item D)
- 2 letters of recommendation. DO NOT submit more than 2 letters of recommendation.

A single copy of the following items, which **should** include your name

- A letter from the Director of the NNP program stating you are enrolled in the program. The letter **must** state “NNP Program” to be acceptable.
- Proof of current, unrestricted RN licensure.
- A letter from your Nurse Manager stating the number of years that you have worked in the NICU (eighteen months minimum NICU experience over the past 5 years required).

*Blinded items should either contain blanks instead of your name, or can say “the candidate” or similar substitute. Do not blank out names with a marker.

**Return your application to:
NANN Scholarship
4700 W. Lake Ave
Glenview, IL 60025-1485**