



Scholarships • Recovery • Research

Safe Patient Care Nursing Practice Scholarship

Eligibility requirements:

- 1) Applicants must be a member of the Michigan Nurses Association (MNA) working in a local bargaining unit (LBU) for at least the past 12 months.
- 2) Applicants must have participated in at least one MNA or LBU action or activity in the past 12 months.

Scholarship restrictions:

Applicants may not have received this scholarship within the past three years.

Amount of Scholarship funds available per person per year:

- 1) Up to \$2000 will be provided per person to attend a national conference in a specialty area.
- 2) Applicants may choose to only request a portion of their total costs.
- 3) The Michigan Nurses Foundation (MNF) Board may choose to provide funding for only a portion of the applicant's scholarship request.

Payment of Scholarship:

- 1) The Michigan Nurses Foundation will disperse half of the funds to be awarded upon approval of the application.
- 2) The Michigan Nurses Foundation will disperse the final half of the funds to be awarded after receipt and approval of the post-conference report.



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Safe Patient Care Nursing Practice Scholarship Application

The MNF Safe Patient Care Nursing Practice Scholarship provides up to \$2,000.00 for Michigan Nurses Association (MNA) Local Bargaining Unit (LBU) members to attend national healthcare/specialty conferences. This scholarship enables members to strengthen their practice and expand their expertise.

Additionally, recipients are required to share information gained with nurses and staff upon return to their home facility and submit a summary of this presentation to the Michigan Nurses Foundation within 2 months of the conclusion of the conference.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Personal E-Mail Address: _____

Phone: _____ Cell _____ Home _____

Michigan RN License #: _____ MNA Membership _____

Employer _____

Unit/Department: _____

Primary focus of nursing practice: _____

Description of your participation/leadership in an MNA or LBU action/activity during the past 12 months:

Name _____

Conference Title _____

Sponsoring organization _____

Location of conference _____

Dates of conference _____

Please include a copy of the brochure/documentation describing the purpose/objectives/topics relevant to the conference.

Briefly describe why you would like to attend this conference and how it will enhance your practice. Please include your plan for presenting/dispersing the information to other MNA members and staff upon returning from the conference.

Name _____

Estimate of Cost

	Transportation Costs:
	Hotel Costs: # of days
	Cost per day
	Conference Registration Fee:
	Estimated Meals: # days
	Cost per day
	Estimated other expenses listed below:
	Funding from other sources—please describe:
	Total requested (minus funding from other sources):

If awarded this scholarship, I understand that I will receive half the requested amount on approval. Within two months of attending the conference, I will send a report covering how the sessions affected my practice and how the information was shared with other MNA nurses and staff at my facility. I will allow that report to be used by the Michigan Nurses Foundation in publications and marketing. After receipt of the report and approval of same by the Michigan Nurses Foundation, I will receive the second half of the scholarship award.

Signature of MNA Member: _____ Date _____

Note there may be tax implications, please check with your tax advisor