**GSNA Professional Growth Grant**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated year of graduation \_\_\_\_\_\_\_

The purpose of the GSNA grant is to encourage leadership and professionalism among MN, MSN, and DNP students. The grant is meant to be used for activities that foster professional growth as an APN.

The GSNA Grant is awarded based on a blinded review. Funds are distributed as reimbursement upon submission of receipts. Funds cannot be awarded for academic tuition or expenses related to academic courses (e.g., cannot be used for required lab fees). Reimbursement must be requested within 1 CALENDAR YEAR after the awardee is notified. Applications are reviewed on an individual basis. Although applicants can apply for up to $1000 reimbursement, the dollar amount of the award is dependent on the quality of the essay submitted (blind review), the amount of funds available (varies each cycle; dependent on GSNA revenue), and the number of applicants in each cycle. Grants are not awarded to every applicant.

This year there will be one cycle of Professional Growth Grants. This cycle covers events that occur July 1, 2017 – June 30, 2018. Application deadline will be **Friday, March 9, 2018.**

Recipients of the grant are expected to provide a single power point slide to the GSNA that describes the benefits associated with this grant after their experience.  This slide may be used on the FPB website. By submitting this application you consent to the FPB/public use of your slide.

**Instructions: Applications must be submitted in Microsoft Word. Applications that do not meet this criterion, are submitted after the deadline, or not routed to the correct VP will not be considered.**

1. Please complete the form (next 2 pages). Please attach a brochure or program description. If the program is available via a current electronic link, provide that information.
2. Please complete the budget form with estimated or actual costs.  Costs may include travel, hotel, meals or registration. You will be reimbursed and only for actual costs.

--Save receipts! Do not submit with the application. If you receive an award, submit the actual costs and totals.

1. Write an essay (300 words or less) explaining how the proposed activity will promote your professional growth as an APN or APN student.
2. Please submit your application to the appropriate Vice President for your program by the deadline detailed above:

DNP VP Josephine Fava Hochuli: jmf224@case.edu

MSN VP Kyle Patchen: krp59@case.edu

MN VP Hyun Ji “Jaime” Kim: hxk363@case.edu

**APPLICATION**

**Please indicate your program**: \_\_\_\_MN \_\_\_\_MSN \_\_\_\_post-MSN certificate \_\_\_\_\_DNP

**Have you received GSNA grant funds in the past?** \_\_\_

**Please select from the following. Check as many as apply**

\_\_\_I am seeking pre-approval for up to $1000 GSNA grant for use of travel and/or attendance at a conference.

Name of conference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Attach brochure or link to conference site, objectives and agenda.

\_\_\_I have completed the event and can submit receipts for up to $1000 (do not submit receipts with application!)

Name of event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Brochure/objectives/agenda attached.

\_\_\_ At the conference, I will…

\_\_\_ Be presenting a podium session.  Topic/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Be presenting a poster.  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Network with practitioners or research in my specialty\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Introduce a speaker or make another contribution to the conference (specify)\_\_\_\_\_

\_\_\_ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_I will use this money to travel to the FPB-sponsored Guatemala trip or CWRU sponsored international trip

Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_I will use this money to travel on a health-related missionary or service trip to an underserved population

Specify sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attach link and brochure detailing the site, objectives and agenda

\_\_\_I will use this money to support leadership or practice opportunities such as participation in an internship or externship in an established program that requires fees.

Specify sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attach link and brochure detailing the site, objectives and agenda

\_\_\_I am asking funds for another type of professional growth experience.  Here is what it is about: (limited to 100 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expense Form**

Please include actual or expected expenses (dollar amounts) for the proposed activity

Registration fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hotel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_