

HERRICK DRAKE SCHOLARSHIP FUND APPLICATION

NAME: _____

TITLE: CNII CNIII CNIV (Circle One)

UNIT: _____

Attach separate sheet as necessary. Please supply the following information:

1. Describe how applicant has contributed to quality patient care through clinical activities.
2. Describe how applicant will share information obtained with nursing colleagues.
3. Describe how this information will be incorporated into applicant's practice to enhance patient care.
4. Additional application requirements:
 - Letter of support from Nursing Manager.
 - Description of education program to be attended or other official information available.
(Copy of brochure)
 - Anticipated expense budget (i.e. conference fee).

Applications may have expenses ranging from \$250.00 to \$1000.00. Please note: duplicate funding from other source is unacceptable.

APPLICATION DEADLINE April 24, 2009

Return completed application to Mary Ellen (Mell) Hobson, RN at Mail Code 2210.