

**Neonatal Nurses College Aotearoa (NNCA)
Scholarship Application Form**

NNCA has up to $10,000 available each year to support Professional Development Grants. The maximum scholarship is $1,000.00 per person at the discretion of the NNCA Executive Committee, and applications are considered at the quarterly national executive meetings or on an as needed basis.

**Purpose of the Grant**

To assist resident New Zealand Neonatal Nurses in professional development benefiting the care provision for neonates and their families.

**Criteria for Grant application:**

* The applicant must be a current financial member of NZNO and a full member of NNCA for the past 12 months.
* Applications must be on the official application form
* The grant may be used towards post-graduate study, attending courses, seminars and conferences or research projects relating to neonatal nursing. A copy of the conference, seminar or course information should be included with your application.
* Special consideration will be given to nurses starting research and/or writing for a peer-reviewed journal.
* All successful applicants are required to submit a report for the NNCA newsletter.
* Presentation of research must be offered at either a relevant conference or written up for publication in a relevant journal.
* Written presentations will be within six weeks of attending or completing the activity for which the grant was used.
* The successful applicant should use the funding within the allocated financial year.
* Successful applicants will be notified in writing.

**Application Process:**

Applicants may nominate themselves, with a written endorsement from their manager or senior colleague.

* All sections of the form are to be typed and completed electronically and should include:
	+ A report that summarizes your contribution to neonatal care at a local or national level.
	+ A summary of the proposed scholarship and how it will enhance your neonatal career.
	+ How you will share the information you gained.

All nomination forms are to be submitted by email attachment to the National Administrator for the NNCA College.

**Selection process:**

The Selection Panel consists of the National Executive of NNCA, and nominees are scored by the following criteria:

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| **Criterion** | **Weighting** |
| Quality of application | 10% |
| Report summary outlining contribution to neonatal care  | 45% |
| Local and/or national feedback  | 25% |
| Summary of professional benefit of scholarship | 20% |

Applications are required to be in by:

* Jan 31st
* April 30th
* July 31st
* Sept 30th

All applicants will be notified of the outcome in writing following the quarterly executive meeting.

In accepting the scholarship, the successful recipient agrees to submit and present a report to NNCA within six weeks of completing the project for which funds were allocated.

In the event of unforeseen circumstances causing the intended project to not proceed, the applicants will negotiate with the NNCA executive committee regarding extending or altering the intended project, or reimbursing the funds, minus reasonable costs incurred to date.

Please send completed application forms to:

Sally Chapman

NNCA Scholarships & Grants

National Administrator

NZNO National Office

PO Box 2128

Wellington 6140

**Or E-mail:** sally.chapman@nzno.org.nz

**Neonatal Nurses College Aotearoa (NNCA)
Scholarship Application Form**

Nomination forms must be submitted to NNCA Administrator, E-mail: sally.chapman@nzno.org.nz

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| **Email address** |  |
| **Postal Address** |  |
| **Home phone contact**  |  |
| **Work phone contact**  |  |
| **Workplace** |  |
| **Job Title** |  |
| **NZNO number** |  |
| **Funding purpose** (i.e. Conference registration / travel, Postgraduate paper, Thesis) |
| **Amount applying for** |  |
| **Please describe how you will share the information learned:** |
| **Please outline all assistance (if any) you will receive from your employer:** |
| **If the activity is not undertaken do you agree that any money received by you will be returned?** Yes / No  |
| **Endorsement by manager/****senior colleague attached** |  |
| **Signed**: |  |
| **Date:** |  |
| **Applicant:**  |  |
| **Signed**: |  |
| **Date:** |  |

**Please attach:**

* + A scanned copy of the conference/seminar or proposed course information if available
	+ A report that summarises your contribution to neonatal care (less than 250 words)
	+ A summary of the proposed scholarship and how it will enhance your neonatal career.

Please send completed applications to:

Sally Chapman

NNCA National Administrator

NZNO National Office

P O Box 2128

Wellington 6140

**E-mail:** sally.chapman@nzno.org.nz

**SUPPORTING EVIDENCE**

Please ensure all supporting documentation is included in the application:

* Completed application form,
* Endorsement of manager or senior colleague,
	+ A report that summarises your contribution to neonatal care (less than 250 words)
	+ A summary of the proposed scholarship and how it will enhance your neonatal career.

|  |  |
| --- | --- |
| **Date received by NZNO office:** |  |
| **Outcome/approval by Selection Panel:** |  |
| **Date:** |  |
| **Nominee notification date:** |  |