

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

NNCA has up to $6,000 available each year to support Professional Development Grants. The maximum scholarship is $1,000 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 currently be a full financial member of NZNO, and have been a full member of NNCA for the past 12 months
* applications must be made on the official application form
* the grant may be used towards post-graduate study, courses, seminars and conferences, or research projects relating to neonatal nursing. Information of the conference, seminar or course should be included with your application
* priority is given to nurses starting research and/ or writing for a peer-reviewed journal
* presentation of research must be offered at the
  + Annual NNCA conference
  + written for the NNCA newsletter
  + NNCA sponsored Neonatal, Paediatric and Child Health Nursing Journal
  + Kaitiaki or
  + other relevant journals.
* written presentations must be submitted 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, and
* successful applicants will be notified in writing by the NNCA Executive Committee

**Application Process**

A nurse may nominate themselves with a written endorsement from their manager or senior colleague.

* All sections of the form should be completed electronically, and include
  + A report that summarises 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 NNCA Executive Committee, and nominees are scored by the following criteria

|  |  |
| --- | --- |
| **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:

* 31 Jan
* 30 April
* 31 July
* 30 Sept

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 receipt.

Please send completed application forms to:

NNCA Scholarships & Grants

National Administrator *(email address on application)*

NZNO National Office

PO Box 2128

Wellington 6140

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**A logo for a nursing school

Description automatically generatedNeonatal Nurses College Aotearoa (NNCA)   
Scholarship Application Form**

Nomination forms must be submitted to NNCA Administrator  
e-mail: [sally.chapman@nzno.org.nz](mailto:sally.chapman@nzno.org.nz)

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| **Email address** |  |
| **Postal Address** |  |
| **Home phone contact** |  |
| **Work phone contact** |  |
| **Workplace** |  |
| **Job Title** |  |
| **NZNO number** |  |
| **Funding to go towards** (i.e., conference/ travel / Post Grad 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 to return any money received from the NNCA?** Yes / No | |
| **Endorsement by manager/ senior colleague is attached** | |
| **Signed**: |  |
| **Date:** |  |
| **Applicant:** |  |
| **Signed**: |  |
| **Date:** |  |

**Please attach:**

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

Please send completed applications to:

**Scholarships & Grants**

National Administrator

NZNO National Office

P O Box 2128

Wellington 6140

**E-mail:** [sally.chapman@nzno.org.nz](mailto: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.

**NZNO use only**

|  |  |
| --- | --- |
| **Date received by NZNO** |  |
| **Outcome/ approval by Selection Panel** |  |
| **Date** |  |
| **Nominee notification date** |  |
| **Amount awarded** |  |
| NZNO Finance **- date paid** |  |
| NZNO Admin **- date entered into Mems database** |  |