



College of Child & Youth Nurses, Scholarship Application

A scholarship is available for registered nurses working in the area of child/youth health, who wish to attend an international/national conference relating to child/youth health.

Criteria for scholarship

1. Applicants must be a NZ resident, current member of the NZNO and CCYN national section member for a minimum of one year.
2. Applicants are required to fully complete the application form
3. Applicants are required to present to the committee an outline of the conference and their professional objectives for attending, including why attending is pertinent to their area of practice and how it will benefit his/her client group.
4. Agreement to provide a written report for the CCYN newsletter within three months of attending.
5. Applications must be submitted at least 2 months prior to the intended conference to allow sufficient time for consideration and processing and checking membership status with NZNO.

Scholarship administration

1. The Scholarship will be a sum of up to \$500.00, twice a year, to be divided amongst eligible applicants at the committee's discretion. If there is only one applicant, he/she will not necessarily receive full scholarship. If the first \$500 for the year is not allocated, this will be transferred to the second application for the year. The total amount of funds to be awarded each year is \$1000.
2. Priority of funds allocation will be given to first time applicants and those who have not received the scholarship in the previous 3 years.
3. Timeline - The applications for scholarships will be considered and voted on at each committee meeting.
 - a. There are five committee meetings per year.
 - b. The scholarship is cumulative within 1 financial year. The cumulative total scholarship is \$1000 in each financial year from 1st of April to 31st of March.
 - c. Applicants will be notified of whether their request has been accepted or declined following the meeting, in writing.
 - d. Only applicants meeting the above criteria will be reviewed.

This process will be reviewed every three years.

Name of Applicant:	
Contact Address: (You must be living in New Zealand)	
Phone Number:	Work: Mobile/Home:
Email Address:	
NZNO Membership No. (You must be a current financial member of NZNO.)	
How long have you been a member of CCYN?:	
Please indicate how much you are requesting:	
Title/Theme of Conference: Location: Dates: Who is the conference aimed at (e.g.: managers, practicing staff)	
Itemise the proposed conference expenses:	

<p>Are you presenting at this conference? If so, what is the title of your presentation?</p>	<p>Yes / No</p>
<p>Outline professional objectives or learning outcomes for attending:</p>	
<p>Why/How will this course be of benefit to your professional development and your client group?</p>	
<p>Have you received or applied for other grants or sponsorships for this conference or are other organisations making a contribution?</p> <p>Please give details</p>	

Please attach any calls for abstracts, flyers or draft programmes, accommodation quotes etc. related to this conference – NOTE: This is a mandatory requirement.

Further criteria for funds allocation

You agree to the CCYN naming you as a recipient being published

You agree to the Co-Editors of Kai Tiaki (or other members of NZNO staff) contacting you for publicity purposes e.g.: a story in Kai Tiaki

All parts of the form must be completed and legible and with required information attached to ensure fair and equitable consideration of all applications and distribution of funds. Provide additional information as an appendix.

I declare the contents of this application form to be a true and correct record.

I agree that if the conference should be cancelled any funds will be returned in full to CCYN

I agree to present a written report to the CCYN executive committee within 3 months of conference attendance. This report will be published in the CCYN newsletter for all CCYN members.

Signature: _____ **Date:** _____

Please return this form by email to: secretary.ccyn@gmail.com

On receipt of your application you will be sent a letter/email message from the NZNO CCYN. If you do not receive a letter/email message within two weeks please contact us.

Applications are reviewed by the College of Child & Youth Nurses (CCYN) Committee. Payment is made to successful applicants within six weeks of the closing date.

N.B.: The decision of the CCYN Executive Committee is final.