



P.O. Box 244471  
Anchorage, AK 99524-4471

**ALASKA NURSES FOUNDATION (AaNf)  
PUBLIC HEALTH NURSING FUND  
INDIVIDUAL CONTINUING EDUCATION GRANT  
Awards Announcement**

**Amount Awarded:** \$500 TO \$1,000 per successful application

**Timeline:** 2014 applications must be postmarked no later than August 1<sup>st</sup>.  
Funds will be awarded in December.

**Purpose:** To award to Alaska Nurses funding to enable participation in a continuing education activity and sharing of knowledge gained through participation with colleagues in the work setting. Please note: This is **NOT** a scholarship; it is intended as funding for a **single course or workshop** or to fund discrete activities to lead to specialty certification.

**Criteria:**

1. Must be a member of either the Alaska Nurses Association (AaNA) or the Alaska Professional Nurses Organization (AkPNO) or the Alaska Public Health Association (documented by a copy of current membership card or by an official of the organization).
2. Must be a member of the Alaska Nurses Foundation (membership application attached).
3. Must be currently employed as a Public Health Nurse in Alaska or have been employed as a PHN in Alaska within the past five years (documented by letter from current or former employer).
4. Must not have received an award within the past two years.
5. Provides specific information about the continuing education activity for which funding is sought, along with an explanation of how the activity will enhance their practice.
6. Describes a specific plan for sharing knowledge gained with colleagues in and/or beyond the employment setting.

Application with all attachments must be e-mailed to [tdelapp@ak.net](mailto:tdelapp@ak.net) and must be received by August 1. Membership application & fee should be mailed to Alaska Nurses Foundation, P. O. Box 244471, Anchorage, AK 99524-4471 with postmark of August 1<sup>st</sup> of the application year.

**ALASKA NURSES FOUNDATION (AaNF)  
PUBLIC HEALTH NURSING FUND  
INDIVIDUAL CONTINUING EDUCATION GRANT APPLICATION**

**Name of applicant:** \_\_\_\_\_ **AK RN license number:** \_\_\_\_\_

*(If a team of individuals is applying for this grant, list primary applicant or team leader first, followed by the names of all team members; the primary applicant must be a Registered Nurse in Alaska.)*

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**FAX Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

*Attach proof of membership in either the Alaska Nurses Association or the Alaska Public Health Association (i.e., submit a copy of current membership card in either organization). In addition to membership in either AaNA or ALPHA, qualified applicants must be current members of the Alaska Nurses Foundation; applicants may join the Foundation at the time the grant application is submitted by completing the attached membership form and paying annual dues of \$20.*

**Grant Proposal Checklist**

- Application Cover Sheet with Completed Checklist \_\_\_\_\_
- Completed application \_\_\_\_\_
- Proof of Membership in either AaNA or ALPHA \_\_\_\_\_
- Proof of PHN Employment currently or within past five years \_\_\_\_\_
- AaNF Membership Application & Dues (if needed) \_\_\_\_\_
- Documentation of workshop, including cost of registration  
(if activity involves attendance at a workshop or conference) \_\_\_\_\_

**Application will all attachments must be e-mailed to [tdelapp@ak.net](mailto:tdelapp@ak.net) and must be received by August 1<sup>st</sup>. Membership application & fee should be mailed to Alaska Nurses Foundation, P. O. Box 244471, Anchorage, AK 99524-4471 with postmark of August 1<sup>st</sup> on the year of application.**

**ALASKA NURSES FOUNDATION  
Application for Membership**

**Individual Membership**

Individual Member	\$20.00	_____
Sustaining Member	\$50.00	_____
Nurse Memorial Plaque		_____

**TOTAL** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

If Memorial Plaque contribution made, list name & information about individual being memorialized (examples below):

Christina Mumma, RN, PhD  
UAA Professor of Nursing  
Thompson

Mia McDermott, RN, NNP

Joyce Pospisil  
Mother of Debbie

\_\_\_\_\_  
\_\_\_\_\_

Make check payable to Alaska Nurses Foundation and mail to Alaska Nurses Foundation, P. O. Box 244471, Anchorage, AK 99524-4471. Note: Grant application should be e-mailed to [tdelapp@ak.net](mailto:tdelapp@ak.net).

**ALASKA NURSES FOUNDATION  
INDIVIDUAL CONTINUING EDUCATION GRANT APPLICATION**

**Title of CE Offering:** \_\_\_\_\_

**Sponsoring Organization** \_\_\_\_\_

**Dates and Location** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Description of Proposed CE Activity:** In 250 words or less, describe the continuing education activity you wish to complete and explain how that activity will improve or affect your nursing practice and the nursing practice of your colleagues/peers.

Public Health Grant – Individual Continuing Education

**CE Offering Title:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

*In this section, please describe your plans for sharing what you learned at the CE activity you plan to complete with your colleagues and peers, both in your employment situation and beyond. **Note:** Award recipients must submit a report on their CE activity, including how they benefited from it and how they have shared it with others to the Alaska Nurses Foundation within eight weeks of completing it; in lieu of submitting a formal report, recipients may elect to submit a brief manuscript to the *Alaska Nurse*.*

**DISSEMINATION**

<b>Plan for Sharing What You Learn Within Your Employment Site</b>	<b>Plan for Sharing What You Learn Beyond Your Employment Site</b>
<b>Describe how you will share your “lessons learned”:</b>	<b>Describe to whom you will share your “lessons learned” and your strategy for sharing that information:</b>
<b>Describe the timing of your sharing of “lessons learned”:</b>	<b>Describe the timing of your sharing of “lessons learned”:</b>

**COSTS:** Funds provided by the Alaska Nurses Foundation may be used to cover the following costs: transportation to and from the conference if the conference is held in a city that is not within easy driving distance of your residence, housing costs while you are at the conference, conference registration fees, and the purchase of required materials for use at the conference. Outline the costs that you anticipate you will incur to attend this CE activity.

<b>ITEM</b>	<b>COST</b>
1. Transportation (if travel from community of residence is required) Air fare Taxis Airport Parking	
2. Lodging	
3. Meals	
4. Conference Registration	
5. Purchase of Required Conference Materials	
6. Miscellaneous Expenses (itemize)	

**ALASKA NURSES FOUNDATION  
INDIVIDUAL CONTINUING EDUCATION GRANT  
CRITERIA FOR EVALUATING PROPOSALS**

**For your information, the criteria by which your proposal will be evaluated include the following:**

**REQUIRED ELEMENTS – GENERAL**

- Proof of active membership in AaNA or ALPHA** Yes \_\_\_\_\_
- Proof of membership in the Alaska Nurses Foundation** Yes \_\_\_\_\_
- Verification of work as a PHN in the past 5 years** Yes \_\_\_\_\_
- Application postmarked on time** Yes \_\_\_\_\_

(A no answer to any of the above disqualifies applicant).

**REQUIRED ELEMENTS - SPECIFIC**

	<b>Maximum Score</b>	<b>Applicant actual score</b>
<b>Relevance to nursing practice</b>	<b>25</b>	_____
<b>Application to your personal practice area</b>	<b>25</b>	_____
<b>Requested funds reflects value of conference</b>	<b>25</b>	_____
<b>Plan to share knowledge</b>	<b>25</b>	_____
<b>Total</b>	<b>100</b>	_____